REC'D MAY 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14300
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 85

(b) Township Washington Primary Registration District No. 1001 Registered No. 423

(c) City St. Joseph, (d) Street No. St. Joseph's Hospital, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 39 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 40 yrs. mos. ds.

2. PRINT FULL NAME 40 Robert G. Kelly,

(a) Residence, No. 2501 Jules St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eva C. Kelly,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 23, 1877

7. AGE: YEARS 61 MONTHS 6 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: President,
9. Industry or business in which work was done, as saw mill, bank, etc.: Seed Company,
10. Date deceased last worked at this occupation (month and year): April 1939.
11. Total time (years) spent in this occupation: 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hamilton, Ontario, 2

FATHER
13. NAME: Thomas Kelly,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bath gate Scotland, 4

MOTHER
15. MAIDEN NAME: Mary Whitelaw, 4
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bath gate, Scotland,

17. INFORMANT (ADDRESS): Ruth G. Kelly 2501 Jules Str.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jo. Mem. Park DATE April 22, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Heaton-Bridge Bowman 319 So. 10th Str. Funeral Home

20. FILED Apr 22, 1939 H. J. Nestlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April Foth, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1938, to April 20, 1939
I last saw him alive on April 20, 1939 Death is said to have occurred on the date stated above, at 4:45 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-17-39
Myocardial Insufficiency	
Mitral stenosis and regurgitation	

Other contributory causes of importance:

Arteriosclerosis 9 2 b

Name of operation None Date of —
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

(Signed) William Redmond, M. D.
(Address) St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X14928

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me Apr 20, 1939

....., or by ✓

Registered Apprentice No....., working under my personal supervision.

Signed W. E. Immingfield

Licensed Embalmer No. 3007

P. O. Address 319 So. 10th St Jacksp

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.