REC'D MAY 18 1939

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

Do not use this space.

15009

1. PLACE OF DEATH
County Howard 2 Registration District No. 378 File No.
Township Richmond 1 Primary Registration District No. 5526 Registered No. 21
City (No. , St. Ward)

2. FULL NAME 420 John Kelso
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1869
7. AGE YEARS 70 MONTHS — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) April 1939
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McDonald County Missouri

FATHER
13. NAME F. D. Kelso
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky.

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) George Kelso Glasgow Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Baylis Ill. DATE Apr 26 1939
19. UNDERTAKER (ADDRESS) Walker Audsley Glasgow Mo.
20. FILED May 6, 1939 V. G. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1939
22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Suicide Gun Shot wound Date of onset
167
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 4-21, 1939
Where did injury occur? Richmond Township Howard Co. Funk Farm (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Gun Shot wound
Nature of injury Wound in Right Chest
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W. R. Hawkins, M. D.
339 (Address) Glasgow Mo Coroner

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5/9/39