

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

22144
Do not use this space.

1. PLACE OF DEATH **GREENE** ³¹⁶ Registration District No. **316** ⁷⁰⁰¹ Primary Registration District No. **7001** Registered No. **504**

(a) County **GREENE** (b) Township **SPRINGFIELD** (c) City **SPRINGFIELD** (d) Street No. **1100 BLOCK DOONVILLE** St. **DOONVILLE**

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

2. PRINT FULL NAME **WILLIAM B. KELLY**

(a) Residence, No. **1209 N. MAIN** St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **RUBY I. KELLY**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 6 - 1886**

7. AGE YEARS **52** MONTHS **11** DAYS **15** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Insurance**

9. Industry or business in which work was done, as saw mill, bank, etc. **In office**

10. Date deceased last worked at this occupation (month and year) **June 21, 1939** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **Payton R. Kelly**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

MOTHER 15. MAIDEN NAME **Sarah Frances Hendrickson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

17. INFORMANT (ADDRESS) **Howard B. Kelly Springfield, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Green Lawn** DATE **June 25, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **W. H. Angner Springfield, Mo.**

20. FILED **6-21-39** **Chas. A. George** (Address) **1902 1/2** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 21, 1939**

22. I HEREBY CERTIFY That I attended deceased from 19....., to 19.....

I last saw him alive on **June 22, 1939** Death is said to have occurred on the date stated above, at **11:15 P.M.**

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractured skull

Other contributory causes of importance:

Fractured right knee

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Accident** Date of injury **June 21, 1939**
Where did injury occur? **1100 Block Doonville, Mo.** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Hit by trolley car**
Nature of injury **Fracture of skull**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **None**
(Signed) **J. P. Ferguson** M. D. **604 E Elm**

WHITE PAPER, 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.

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MAR 7 1940

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Ray A. Lawin

Licensed Embalmer No.....

P. O. Address.....

1963
Springfield, Mo

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.