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.

REC'D AUG 11 1939

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

23638
Do not use this space.

1. PLACE OF DEATH

(a) County .....

(b) Township .....

(c) City St. Louis Mo. (d) Street No. BARNES 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 701

Primary Registration District No. 1003

Registered No. 5911

2. PRINT FULL NAME PHIL DENNY KELSO

(a) Residence, No. 220 - 3rd St. St. WR GLASGOW, MO.

(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): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1918

7. AGE: Years 20 Months 11 Days 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. filling station attendant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 1½ years

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

FATHER

13. NAME Thomas Kelso

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME Victoria Wilson

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

17. INFORMANT (ADDRESS) Russel Lynn Glasgow, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Glasgow, Mo. DATE July 5, 1939

19. FUNERAL DIRECTOR (NAME) Walter Dudley (ADDRESS) Glasgow, Mo.

20. FILED JUL 5 1939 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-5-1939

22. I HEREBY CERTIFY, That I attended deceased from 6-7-1939, to 7-5-1939, I last saw him alive on 7-5, 1939. Death is said to have occurred on the date stated above, at 3 55 A.M. The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Empyema, non-tuberculous	
Brain Abscess	
Empyema + brain abscess	
following operation - appendectomy	

Other contributory causes of importance:

July 1938 from history of Thoracotomy for rib resection

Name of operation Thoracotomy Date of 6-20-39

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? ..... 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? .....

If so, specify .....

(Signed) F R Bradley, M. D.

(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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