

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

35168
Do not use this space.
4143

1. PLACE OF DEATH **REC'D NOV 14 1939**
 (a) County Jackson Registration District No. 399
 (b) Township Raw Primary Registration District No. 100
 (c) City Kansas City (d) Street No. 1328 Cleveland 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.

2. PRINT FULL NAME 400 Dollie Matilda Kelley
 (a) Residence, No. 1616 Rosedale Drive K.C.K. Kansas City, Kansas
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
65 6 8

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

12. BIRTHPLACE (CITY OR TOWN) Lincoln
 (STATE OR COUNTRY) Nebraska

FATHER 13. NAME William Clark Putnam
 14. BIRTHPLACE (CITY OR TOWN) Pnindagg County
 (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Sarah Frances Brown
 16. BIRTHPLACE (CITY OR TOWN) Jodanis County
 (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Ella Layton
 (ADDRESS) 1328 Cleveland

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Oct. 28, 1939

19. FUNERAL DIRECTOR (NAME) Gates Funeral Home
 (ADDRESS) Kansas City, Kansas

20. FILED 10/29, 1939 M. M. Browne
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939, to Oct. 26, 1939

I last saw her alive on Oct. 26, 1939. 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:

Provision carcinoma with multiple metastases 49
 Date of onset 1938
 Other contributory causes of importance: Chronic myocarditis, 1939

Name of operation none Date of.....
 What test confirmed diagnosis? Chromatin Was there an autopsy? Yes

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) Eugene H. Ferguson, M. D.
 (Address) 933 Prof/Hdy

WHITE 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.

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E. H. Ferguson
Professional Bldg.

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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. ~~2810~~

working under my personal supervision.

Signed

Harlyn Roe

Licensed Embalmer No. 2810

P. O. Address

Kansas City

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.