

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

Do not use this space.

29650

FILED SEP 4 1941

1. PLACE OF DEATH

County Vernon

Registration District No. 876

Township

Primary Registration District No. 4529

City Richards, Mo. (No.)

File No.
Registered No.
St. (Ward)

2. FULL NAME Mary Elizabeth Kelley

(a) Residence, No. Richards, Mo. St. Ward.

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX // 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female White Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 1 9

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

9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) Fort Scott, Ks.

FATHER 13. NAME Elijah Parker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record
Tenn.

MOTHER 15. MAIDEN NAME Annie Lemon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record
Tenn.

17. INFORMANT (ADDRESS) Mattie Provence
Richards, Mo.

18. BURIAL - CREMATION, OR REMOVAL PLACE Chanel Grove DATE Aug. 15, 1941

19. UNDERTAKER (ADDRESS) Geo. A. Konantz
Fort Scott, Ks.

20. FILED Aug 17 1941 Silla Feiler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13, 1941

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1941, to Aug 12, 1941

I last saw h. ET alive on Aug 11, 1941. Death is said

to have occurred on the date stated above, at 6:45 PM

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

Cerebral Hemorrhage (Date of onset)

Other contributory causes of importance: 73A

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? _____ 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 no

(Signed) _____, M. D.

(Address) Deerfield, Mo.

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. 7,

District File Number 9-41-1567

Date Filed 9-3-41