

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.

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

35780
Do not use this space.

FILLED NOV 7 1941

1. PLACE OF DEATH

(a) County Pike Registration District No. 689
(b) Township Buttala Primary Registration District No. 3033 Registered No. _____
(c) City Louisiana (d) Street No. Mineral Springs 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Laura Dean Kelly
(a) Residence, No. Elsberry, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED (as) WIFE OF Kenneth Kelly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 5 10

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 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Prairie, Mo.

FATHER
13. NAME Willie Watters
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina County - Unknown

MOTHER
15. MAIDEN NAME Laura Dean Watters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bert's Ford, Mo.

17. INFORMANT (ADDRESS) Husband, Elsberry, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Casey Hill DATE Oct. 11 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mr. W. D. Bradley, Elsberry, Mo.

20. FILED 10-9-41 H. DeHaley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8, 1941

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1941, to Oct 8, 1941

Last saw her alive on Oct 8, 1941. Death is said to have occurred on the date stated above, at 6:50 p.m.

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

Diabetes Mellitus Date of onset _____

Other contributory causes of importance: 61

Name of operation _____ Date of _____
What test confirmed diagnosis? analysis Was there an autopsy? no

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) Louisiana M. D.
(Address) _____

RECEIVED

District Health Officer No. 10

District File Number 11-41-1977

Date Filed NOV 7 1941

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: W. W. Bradley

Licensed Embalmer No. 3966

P. O. Address. Elmwood MI

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.