

REC'D MAR 17 1938

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

6873

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 349
 (b) Township..... Primary Registration District No. 4207 Registered No. 4
 (c) City Calhoun (d) Street No.
 (e) Length of residence in city or town where death occurred 36 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. George Ann Kelly St. (If nonresident, give city or town and State)
Calhoun Mo
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James W. Kelly</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-6-1874</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>2</u>
	DAYS <u>2</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	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 <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>California Mo</u>		
FATHER	13. NAME <u>Marian Burton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Birdsey</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Croft Co Mo.</u>	
17. INFORMANT (ADDRESS) <u>O. L. Baker</u> <u>Calhoun Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calhoun Cem</u> DATE <u>2-9</u> 19 <u>38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Fred C. Wilkinson</u> <u>Clinton Mo</u>		
20. FILED <u>2-8</u> 19 <u>38</u> <u>Ms. A. A. Gray</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8 1938

22. I HEREBY CERTIFY That I attended deceased from 2:00 P.M. 1938 to Feb 8 1938
 I last saw him alive on Feb 8 1938. Death is said to have occurred on the date stated above, at 2:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Reflected
 Date of onset Nov 11/1937

Other contributory causes of importance: none

Name of operation none 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? no
 If so, specify ✓
 (Signed) S. A. DeLoach, M. D.
 (Address) Calhoun Mo

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STATEMENT BY LICENSED EMBALMER

I, Fred Welkerson Licensed Embalmer No. 2478

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Fred Welkerson

Licensed Embalmer No. 2478

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

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTH SERVICES
CIVIL RIGHTS DIVISION
M. B. Each copy of information printed on certificate is subject to release under the provisions of the California Information Practices Act of 1977.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

6873
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 349
(b) Township Primary Registration District No. 4207 Registered No. 4
(c) City Calhoun (d) Street No. 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. ds.

2. PRINT FULL NAME George Ann Kelly

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 2

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.
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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8, 1938

22. I HEREBY CERTIFY, That I attended deceased from

to 19....., 19.....
I last saw h..... alive on....., 19..... 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:

nephritis Chronic
Don't know
Date of onset

Other contributory causes of importance:

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.....
(Signed) D. P. Pellard, M. D.
(Address) Calhoun Mo

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-6873