

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

Do not use this space.

23839

1. PLACE OF DEATH

County Moniteau
Township Harrison
City _____ (No. _____, _____ St. _____ Ward _____)

Registration District No. 576
Primary Registration District No. 5773

File No. _____
Registered No. 4th

2. FULL NAME Martha Kelsey

(a) Residence, No. California Star Route. St. _____ Ward _____
(Usual place of abode)

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. (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 (*write the word*) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20th, 1911
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
21 11 18

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) Blackwater Missouri
13. NAME Rolla T. Mills
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Margarette Carter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT Mrs. R. T. Mills (ADDRESS) California Star Route
18. BURIAL, CREMATION, OR REMOVAL PLACE High Point N.W.A. DATE July 9th, 1933

19. UNDERTAKER G. M. Steffens (ADDRESS) Russellville, Mo.
20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8th, 1933, 19 ____
22. I HEREBY CERTIFY, That I attended deceased from 7-8-1933, to 7-8-1933, 19 ____
I last saw him alive on 7-8-1933, 19 ____ Death is said to have occurred on the date stated above, at 12 Noon
The principal cause of death and related causes of importance were as follows:

Tonsillitis
Other contributory causes of importance: 115A 10
Name of operation None Date of _____
What test confirmed diagnosis? Physical 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) H. R. Popejoy _____, M. D.
(Address) California Mo

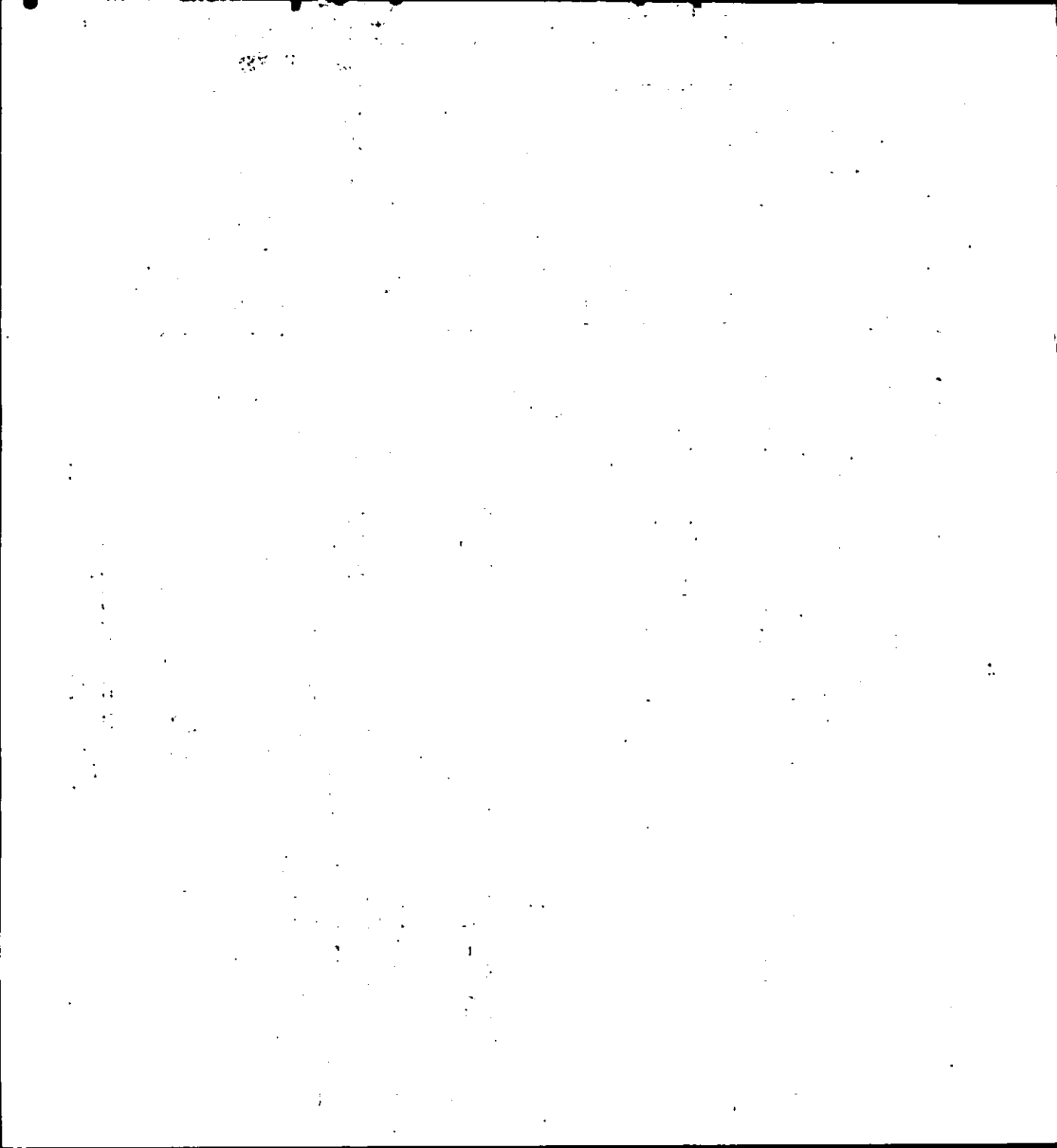
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION
MOTHER
FATHER

68

APR 29 1933

2-9-33



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF BIRTH

County Marion
Township Harrison
City (No)

Registration District No. 526
Primary Registration District No. 0773

File No.
Registered No. 4
St. Ward

2. FULL NAME

(a) Residence No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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.

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE , 19

19. UNDERTAKER (ADDRESS)

20. FILED Sept 11 1933 John H. Burke Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1933

22. I HEREBY CERTIFY That I attended deceased from to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at .

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

Tuberculosis / Yes Date of onset

There was a plaque at Mrs. Doherty's. I did not see her until a short time before she died. The Dr. that treated her called in Honolulu.

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) H. F. Carpenter M. D.

(Address) Carpenter Mo

SUPPLEMENTARY

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.

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1978-1979