

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

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1. PLACE OF DEATH

County Clay
 Township Fishback River
 City Excelsior Springs (No. _____)

Registration District No. 198
 Primary Registration District No. 3011

File No. _____
 Registered No. 160
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 614 Park St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? ys. mos. ds.
 (If nonresident, give city or town and State)

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>Unmarried</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Kelmel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 5 - 1844</u>		
7. AGE <u>87</u>	YEARS <u>8</u>	MONTHS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		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) <u>Rayville Mo.</u>		
13. NAME <u>Joseph Thompson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>		
15. MAIDEN NAME <u>Sulmina Holman</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>		
17. INFORMANT (ADDRESS) <u>Dora Kelmel</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Cemetery Ray Co.</u> DATE <u>12-30</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>John C. Prasher</u>		
20. FILED <u>Dec 30</u> 19 <u>31</u> <u>J. D. Crocker</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 29, 193122. I HEREBY CERTIFY, That I attended deceased from Dec 28 - 1931, to Dec 29 - 1931

I last saw her alive on Dec 29 - 1931. Death is said to have occurred on the date stated above, at 3 P. m.

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

Date of onset

cerebral hemorrhage
82 P.
82 A.

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? toxic motion 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 _____, 1931

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) O. G. O'Neil, M. D.(Address) Excelsior Springs Mo.

