

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

29-12-7
66-9-22
2-13

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

Do not use this space.

1. PLACE OF DEATH
 County Pike Registration District No. 689
 Township Louisiana Primary Registration District No. 3030
 City Louisiana (No. 201, 20 Main N Car. St. Ward) File No. 41709
 Registered No.

2. FULL NAME Mrs Laura Oakley Kelso
 (a) Residence. No. 201 N Car. St. Ward.
 (Usual place of abode) (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-22-66

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
63 2 15

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Louisiana (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER James Nelson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lawrence

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY)

14. INFORMANT May Ben Redhcutt (Address) Floriss Mo

15. FILED 17/8 1929 J O'Neal REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-7-29

17. I HEREBY CERTIFY, That I attended deceased from 12/6/29 1929, to 12-7-29 1929, that I last saw her alive on 12-7-29 1929 and that death occurred, on the date stated above, at 4:30 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Chronic Heart Disease Exact type not determined
40 (duration) yrs. mos. ds.

CONTRIBUTORY None determined (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) Charles S. Jewell M. D.
177 1929 (Address) Louisiana Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Riverview Louisiana Mo DATE OF BURIAL 17/8 1929

20. UNDERTAKER J O'Neal ADDRESS Louisiana Mo

