REC'D JAN 25 1939

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

43405
Do not use this space.

1. PLACE OF DEATH
(a) County JASPER 1 Registration District No. 411
(b) Township GALENA Primary Registration District No. 2002 Registered No.
(c) City JOPLIN 1 (d) Street No. ST. JOHNS 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 240 AMBROSE D. O'KELLEY
(a) Residence, No. 1902 JACKSON St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 7, 1853
7. AGE: YEARS 85 MONTHS 4 DAYS 11 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RAILROAD
9. Industry or business in which work was done, as saw mill, bank, etc. BLACKSMITH
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) CASSVILLE MO

FATHER
13. NAME Chas O'Kelley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 1

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DOLLAR Tennessee 1

17. INFORMANT (ADDRESS) W.E. O'Kelley 1902 JACKSON
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Mt. Hope DATE 12-20 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) HURLBUT UND CO 212 JOPLIN ST. JOPLIN MO
20. FILED 12-20 1938 Ed D Jones Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1938
22. I HEREBY CERTIFY That I attended deceased from July 1937, to Dec 18, 1938
I last saw h. ✓ alive on Dec 18, 1938 Death is said to have occurred on the date stated above, at 10:15 P.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia

108

Other contributory causes of importance:
Senility

Name of operation None Date of
What test confirmed diagnosis? 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) [signature] M. D.
372 (Address) Joplin Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

GREGG

## 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**