

REC'D FEB 25 1939

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

3175

Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 589
(b) Township Bear-Creek Primary Registration District No. 5787a Registered No. 2
(c) City Jonesburg (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. 10 mos. ds. (f) How long in U. S., if of foreign birth? — yrs. — mos. — ds.

2. PRINT FULL NAME

240 Malinda Angelina O'Kelley
(a) Residence, No. Jonesburg, Mo. 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 Female 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 John O'Kelley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 11, 1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 1 3
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
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 58 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White County
ARKANSAS

FATHER 13. NAME Felix Owen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Pamelia Plant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Rose Allen
Jonesburg, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Judsonia, Ark. DATE Jan. 15, 1939

19. FUNERAL DIRECTOR (ADDRESS) Ray Means
Jonesburg, Missouri

20. FILED Jan. 14, 1939 Malinda O'Kelley
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14 - 1939

22. I HEREBY CERTIFY, that I attended deceased from Jan 9, 1939, to Jan 14, 1939
last saw her alive on Jan 13, 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia Date of onset 1-9-39

Other contributory causes of importance:

Chronic Myocardial Degeneration

Name of operation _____ Date of _____
What test confirmed diagnosis? none 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) Henry R. Racy M.D.

(Address) Jonesburg Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Physicians should state EXACTLY. PHYSICIANS should state EXACTLY. How should be stated EXACTLY. PHYSICIANS should state EXACTLY.

