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

Do not use this space.

21447

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 2135

City Kansas City, Missouri. U.S. Veterans Hosp. St. Ward)

2. FULL NAME KELLY, John Lawrence C-None.

(a) Residence. No. 701 Bennington, Kansas City, Mo. 10 Ward. Co. F. 32nd Engrs.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 7, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	33	4	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City, (STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Phillip T. Kelly.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Litchfield, (STATE OR COUNTRY) Illinois.

12. MAIDEN NAME OF MOTHER Mary E. Gilduff.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Adrian, (STATE OR COUNTRY) Michigan.

14. INFORMANT Mother, Mrs. Mary E. Kelly, (Address) 701 Bennington, Kansas City, Mo.

15. FILED 7/14, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13, 1927

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1927, to July 13, 1927, that I last saw him alive on July 13, 1927, and that death occurred, on the date stated above, at 8:30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach.

46 B

44 A

(duration) yrs. mos. 32 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam., x-ray, & Laboratory.

(Signed) E. J. ROSE, Med. Officer in Charge, M.D.

7/14, 1927 Address U.S.V.B. HOSPITAL #67, K. C. 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 St Mary — DATE OF BURIAL July 16 1927

20. UNDERTAKER Westport Und Co — ADDRESS

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.