

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

Do not use this space.

33562

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

309
1002

Registration District No.
Primary Registration District No.
(No. 2911-A East 12th St. Ward)

File No.
Registered No. 4331
St. Ward)

2. FULL NAME Mrs. Nellie E. Canary

(a) Residence. No. 2911-East 12th St. 9 Ward.
(Usual place of abode) A (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 Patrick J Canary

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 9 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 | 3 | 6 | — min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Peter McKenna

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

12. MAIDEN NAME OF MOTHER Nellie McCarthy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY)

14. INFORMANT Patrick J Canary
(Address) 2911-A East 12th St

15. FILED 11-27 19 27 M.M. Lemme
Assr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 15. 1927 19

17. I HEREBY CERTIFY That I attended deceased from Nov 1927, to Nov - 16, 1927 that I last saw him alive on Nov - 14, 1927 and that death occurred, on the date stated above, at 1:25 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia
11A
108
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 Did an operation precede death..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Gl Kenley, M. D.
11/15, 1927 (Address) 1145 Prospect Ave

*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 DATE OF BURIAL

St. Mary's Cemetery 11/17/27

20. UNDERTAKER ADDRESS

Quirk & Tobin Co--20 West Linwood

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.

PERMANENT RECORD

