28-5-15
64-11-19
63-5-26

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

Do not use this space.

18078

1. PLACE OF DEATH
County Pike — Registration District No. 689
Township — Primary Registration District No. 3083
City Louisiana (No. 420, N 3 St. Ward)

File No.
Registered No.

2. FULL NAME Mrs Maggie Lee ~~Maley~~ NEELY Maher
(a) Residence. No. Kansas City Mo St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1½ 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: M. J. Maher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-~~[illegible]~~19-1864

7. AGE: Years 63 | Months 5 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY): Napoleon Mo

PARENTS
10. NAME OF FATHER: Sidney ~~[illegible]~~ NEELY
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Martha Anderson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): W Va

14. INFORMANT: M J Maher
Address: 3903 Michigan ~~[illegible]~~ Kansas City Mo

15. FILED 5/15, 1928 F C Haley Jr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/15 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 11:20 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Natural Causes
probably apoplexy
8 2 A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 74a
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
C W DAVIS (Signed) C W Davis Coroner
5/15, 1928 (Address) Bowling Green 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: Kansas City Mo
DATE OF BURIAL: 5/18 1928

20. UNDERTAKER: F C Haley Jr
ADDRESS: Louisiana Mo

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.

No 11
Ar. K.C 10 pm