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.

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

Do not use this space.

File No. 23886
Registered No. 3112

1. PLACE OF DEATH
County: Jackson
Registration District No.:
Township: Sau
Primary Registration District No.:
City: K.C. Mo (No. 6032 Walnut St. Ward)

2. FULL NAME: Miss Nellie Crowley
(a) Residence. No. 6032 Walnut St., 8 Ward.
(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: Fe
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 6 1895

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
33	2	8	

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):
(STATE OR COUNTRY): Ireland

PARENTS
10. NAME OF FATHER: Patrick Crowley
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Cecilia Donnelly
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Ireland

14. INFORMANT: Mrs Mary Walsh
(Address) 1318 E 44th St

15. FILED 7-14, 1928 M M Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 9 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Central Hemorrhage of Heart
10-14
15-20
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Lobar Pneumonia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
7/14 (Signed) Alex Lambrecht, M. D.
(Address) Deputy Coroner

*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's — DATE OF BURIAL: 7/16/28
20. UNDERTAKER: Lynch & Sobie — ADDRESS: Kenwood + Main