WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

37065

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002 — File No. 4715

City Kansas City, (No. 53rd & Highland Ave. St. Ward) — Registered No.

2. FULL NAME Mary Kennedy

(a) Residence. No. 53rd & Highland ave St., 15 Ward.
(Usual place of abode) Home for the Aged (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 F — 4. COLOR OR RACE W. — 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of James Kennedy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-Unk 1859

7. AGE 68 — YEARS — MONTHS 11 — DAYS Unk — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boston, Mass.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Patrick Kelly

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

12. MAIDEN NAME OF MOTHER Bridget Kelly

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT St. Marie Auguste, sup. Little Sisters
(Address) 53rd & Highland Ave of the Poor

15. FILED 11-23 1928 M. M. Crowe Assn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-23 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1928 to Nov 23, 1928 that I last saw her alive on 2 P.M. 30 22, 1928, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis, Chronic

90B

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchial Asthma

5 (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? No

WHAT TEST CONFIRMED DIAGNOSIS? Murrow Test

(Signed) M. B. Casebolt, M. D.

11/23, 1928 (Address) 1207 Realty Bldg.

*State the DISEASE CAUSING DEATH, or if 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 Lathrop, Mo — DATE OF BURIAL 11/24/28 19

20. UNDERTAKER Quirk & Tobin — 20 W Linwood — ADDRESS