

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

Do not use this space.

9895

1. PLACE OF DEATH

County Classe Registration District No. 157
Township Grand River Primary Registration District No. 5219
City (No.) St. Ward

File No.
Registered No. 10
St. Ward

2. FULL NAME

Paula B Kelly

(a) Residence No. St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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

John F. Kelly

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

Mar 17 - 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
60	11	22	

8. OCCUPATION OF DECEASED

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

Kentucky

10. NAME OF FATHER

Jacob Munch

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

Germany

12. MAIDEN NAME OF MOTHER

Agnes Deum

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

Germany

14. INFORMANT (Address)

John F. Kelly
Harrisonville mo.

15. FILED (Date) REGISTRAR

2/10/29
D S Long
REG. SECT. 31

2) MEDICAL CERTIFICATE OF DEATH

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

March 9 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 28 1929, to March 9 1929 that I last saw her alive on March 9 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Chronic Interstitial Nephritis with chronic myocarditis

131 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1290 (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?

(Signed) J. Scott M. D.

, 19 1929 Address Harrisonville 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

Pleasant Hill Mo DATE OF BURIAL 3/13 1929

20. UNDERTAKER

Reinmberg Bros Harrisonville ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2/10/29
2/10/29
2/10/29
10
10

