.R. C. McClure
fice 728 Argyle
fice Hours 1:30 4:30
l. Dear 3700

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

Do not use this space.

14617

399

DEATH
kson
Kaw

Registration District No. 1002
Primary Registration District No.

File No. 1654
Registered No.

City Kansas City (No. 2536 Summit St. Ward)

2. FULL NAME Mrs. Lucy Sheeley

(a) Residence. No. 2536 Summit St., 3 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.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael A Sheeley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 14 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	50	3	21	

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) Iowa

PARENTS

10. NAME OF FATHER Robert Burnett

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

12. MAIDEN NAME OF MOTHER Margaret Morissy

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

14. INFORMANT Michael A Sheeley
(Address) 2536 Summit

15. FILED 4/5 1929 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4 1929

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1929, to April 4, 1929, that I last saw her alive on April 4, 1929, and that death occurred, on the date stated above, at 3:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92 A
92 B Uremia
92 C
137 B (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis - Endocarditis (duration) 8 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? Clinical & Lab
(Signed) R. C. McClure, M. D.
4/5, 1929 (Address) 728 Argyle Bldg KC 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	DATE OF BURIAL
St. Mary's Cemetery	4/6/29 19

20. UNDERTAKER	ADDRESS
Quirk & Tobin Co--20 W Linwood	