Na 4526

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

Do not use this space.

18413

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2460
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City Mo. No. 1320 Wyandotte St. Ward)

2. FULL NAME Mary B Kiley
(a) Residence. No. X St., 1 Ward. Elkhart Kans
(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 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19-1877

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
52	2	11	

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) Ind

PARENTS
10. NAME OF FATHER J. O. Filley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind
12. MAIDEN NAME OF MOTHER Martha Phillips
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT W. F. Kiley
(Address) Elkhart Ks

15. FILED 5/30 1929 M. M. Crowe asst REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-30 1929

17. I HEREBY CERTIFY, That I attended deceased from May 23, 1929, to May 29, 1929, that I last saw her alive on May 29, 1929, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis, Acute
15 B
93 A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Erysipelas Not Traumatic
May 22 (duration) — yrs. — mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED 21B
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) S H Snow, M. D.
5/30, 1929 (Address) 916 Chambers Bldg

*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 Elkhart Kans — DATE OF BURIAL 5/30 1929

20. UNDERTAKER W W Mast — ADDRESS 1915 East 15

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.

WRITE PLAINLY, WITH UNFADING INK

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