

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.

33114 a

*St. Owens  
Rents Bldg  
No. 2813*

1. PLACE OF DEATH

County... Jackson  
Township... Kaw  
City... Kansas City

Registration District No. 39  
Primary Registration District No. 1002  
(No. St. Marys' Hospital)

File No. \_\_\_\_\_  
Registered No. 1315  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Mary F Healey

(a) Residence. No. 4734 Charlotte St., 6 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

William Healey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 24 1840

7. AGE

YEARS

89

MONTHS

10

DAYS

7

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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 James Galnan

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

12. MAIDEN NAME OF MOTHER Catherine Murphy

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

14. INFORMANT John M. Healey  
(Address) 4734 Charlotte St

15. FILED 10/27, 1930 M. M. Conner REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 26 1930 19

17. I HEREBY CERTIFY, That I attended deceased from 9-30, 1930, to 10-26, 1930 that I last saw her alive on 10-25, 1930, and that death occurred, on the date stated above, at 10.45 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar Pneumonia  
1928  
1929  
10/26

CONTRIBUTORY (SECONDARY) fractured hip - infection  
submaxillary Glands  
acc. (fell at home)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY? Physician's individual

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) M. M. Conner M. D.

10/27, 1930 (Address) 1034 Realty

\*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

Lillis Kansas DATE OF BURIAL 10/28/30

20. UNDERTAKER ADDRESS

Quirk & Tobin--20 W Linwood

