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

Do not use this space.

25229

1. PLACE OF DEATH

County: Jackson — Registration District No.: 385 — File No.:

Township: Kaw — Primary Registration District No.: 3002 — Registered No.:

City: Kansas City (No. 53rd & Highland Little Sisters of Poor St. ..... Ward)

2. FULL NAME: Cornelius Kelliher

(a) Residence. No. 53rd & Highland St., ... 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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: Mrs. Mary E Kelliher

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 10 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	4	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): 10 years)

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: Dennis Kelliher

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

12. MAIDEN NAME OF MOTHER: Mary Hickey

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

14. INFORMANT: Dan Kelliher (Address) 6200 Tracy

15. FILED 7/27 1931 M. M. Crane REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 27 1931 19

17. I HEREBY CERTIFY, That I attended deceased from May 20 ch, 1930, to July 26, 1931, that I last saw b. in alive on July 26, 1931, and that death occurred, on the date stated above, at 9:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

93C

97 (duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Arterio Sclerosis

(duration) 15 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? Physical + Chemical

(Signed) Paul Poyrock, M. D

7-27-31 (Address) 526 Lathrop

*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: St. Marys' Cemetery — DATE OF BURIAL: 7/28/31 19

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

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.