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.

OCT 22 193

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

Do not use this space.

30610

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 974

City St Joseph (No. 1508 South 26 street St. Ward)

2. FULL NAME Mary Kelly

(a) Residence, No. 1508 south 26 street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (~~MONTH, DAY, AND YEAR~~) Rumor About 1871.

7. AGE — YEARS: 60 — MONTHS: Unknown — DAYS: — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not occupied 93C

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 95E

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation 94B

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

FATHER

13. NAME Arthur Kelly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

MOTHER

15. MAIDEN NAME Anastatia Dormiady

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT (ADDRESS) Judge Thos. F Ryan Donnell Court-St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE Mt Olivet Cemetery — DATE St Joseph Mo. Sept. 25 1931

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union st St Joseph Mo.

20. FILED 9-23 1931 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1931, to Sept 22, 1931

I last saw her alive on Sept 20, 1931. Death is said to have occurred on the date stated above, at 2:15 P.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis chronic
Heart disease arterio-sclerotic with coronary occlusion (died suddenly)

Date of onset: ?

Other contributory causes of importance:
arterio sclerosis

Name of operation Unknown Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) L F Ferson, M. D.

(Address) St Joseph Mo.