

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

Do not use this space.

4723

1. PLACE OF DEATH

County Jackson Registration District No. 332
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. Vineyard Park Hospital) St. _____ Ward)

File No. _____
 Registered No. 530

2. FULL NAME

Mary A. O'Connell

(a) Residence. No. 409 East Armour St. 6 Ward. _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas O'Connell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 14, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 4 26

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) Ohio 2

PARENTS

10. NAME OF FATHER Henry Kelly

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

12. MAIDEN NAME OF MOTHER Mary Cavigan

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

14. INFORMANT Mary O'Connell
 (Address) 409 East Armour

15. FILED 12 32 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 10 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1932 to Feb. 10, 1932, and that I last saw him alive on Feb. 10, 1932, and that death occurred, on the date stated above, at 6 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

uremia (duration) 151 yrs. mos. ds. 4

CONTRIBUTORY (SECONDARY) Chr. interstitial nephritis (duration) 2 yrs. mos. ds. 3

18. WHERE WAS DISEASE CONTRACTED? 2 left hip

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? (1)

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. S. Sheldon, M. D.
2-12-1932 (Address) 607 1/2 Cornwell 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 Staten, Missouri DATE OF BURIAL 2-12-1932

20. UNDERTAKER Stine & McClure ADDRESS 3235 Gresham Plaza

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.

Dr. ...
... ..
...

PROPERTY OF
THE
BUREAU OF
MINE

U. S. DEPARTMENT OF
MINE

3

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 399
Primary Registration District No. 200
(No. Vineyard Park Hope St. Ward)

File No.
Registered No. 580

2. FULL NAME

Mary G O'Connell

(a) Residence, No. 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 FE 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 1932

19. UNDERTAKER (ADDRESS)

20. FILED 7/12 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10, 1932

22. I HEREBY CERTIFY, That I attended deceased from

....., to, 19.....
I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at

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

measles Date of onset

Other contributory causes of importance:

Chronic inter nephritis
fracture of left hip

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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

Accident, suicide, or homicide? Accident Date of injury 2-2, 1932

Where did injury occur? at his home

(Specify city or town, county, and State)

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

Manner of injury slipped on rug & fell

Nature of injury fracture of femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) J. H. Eldon, M. D.

(Address) 604 Cornwell Bldg.

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Every item of information should be carefully classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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