WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

35981

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 4491
City K.C.Mo. (No. 2407 East 46th Street St. Ward)

2. FULL NAME Mrs. Elizabeth Caroline Kelley
(a) Residence, No. 2407 East 46th St. St. 15 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 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 A. Kelley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec.22,1853

7. AGE YEARS 78 MONTHS 11 DAYS 7 ~~8~~ If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Richmond, Virginia 2

FATHER
13. NAME Henry McCleary
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 21

MOTHER
15. MAIDEN NAME Edith Darling
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 2

17. INFORMANT (ADDRESS) H. F. Meyer 926 Cedar Ave., K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Higginsville, Mo DATE 11-30-32, 19

19. UNDERTAKER (ADDRESS) R.V.Lindsey & Sons, Inc. K.C.Mo.

20. FILED Nov. 29, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov.29-32, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov-28-, 1932, to Nov-29-, 19 32
I last saw her alive on Nov 28-, 1932. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset
87A [illegible]

Other contributory causes of importance:
1st Hemorrhage
4 years ago - bad
General since - Been medical
8 for 4 years

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? 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?
If so, specify
(Signed) H. E. Singer, M. D.
(Address) 4525 Prospect Av