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.

9520

1. PLACE OF DEATH
County Jackson — Registration District No. 389 — File No.
Township Raw — Primary Registration District No. 1004 — Registered No. 1116
City Kansas City (No. K C General Hosp St. Ward)

2. FULL NAME James Kelly
(a) Residence, No. Oldham Hotel St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 27 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17-1878

7. AGE YEARS 54 MONTHS 11 DAYS 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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

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

FATHER
13. NAME Michael Kelly
15 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Elizabeth Doyle
15 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Record Clerk K C Gen. Hosp K C Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys DATE 3-8 1933

19. UNDERTAKER (ADDRESS) F A Donnell Co 3746 Broadway

20. FILED 3-7-1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1933 to 3-3, 1933
I last saw him alive on 3-3, 1933. Death is said to have occurred on the date stated above, at 7:25 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
109A 1 [illegible]	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) J H Jennett, M. D.
(Address) Dept K C Gen. Hosp K C Mo