

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

Do not use this space.

19678

File No. **2389**

Registered No. **2389**

1. PLACE OF DEATH
 County Jackson Registration District No. 303
 Township Kaw Primary Registration District No. 500
 City Kansas City, Mo (No. St. Lukes Hospital) St. _____ Ward _____

2. FULL NAME Mary Boland
 (a) Residence, No. 1741 Richard Rd. Municipal airport K.C. Mo
 (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. X How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 29 1862</u>				
7. AGE YEARS <u>71</u>	MONTHS <u>4</u>	DAYS <u>6</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>			
	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 <u>214 M</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Joliett Ill</u>				
FATHER	13. NAME <u>William Grace</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
MOTHER	15. MAIDEN NAME <u>Ellen Welsh</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
17. INFORMANT <u>William Boland</u> (ADDRESS) <u>1741 Richard Rd. K.C. Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>mt Calvary</u> DATE <u>June 7 1933</u>				
19. UNDERTAKER <u>Josia Butler & Son</u> (ADDRESS) <u>K.C. Mo</u>				
20. FILED <u>June 8 1933 M.M. Gravel</u> <u>Asst Registrar.</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-5-1933

22. I HEREBY CERTIFY, That I attended deceased from 1933 to _____, 19____
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:45 m.
 The principal cause of death and related causes of importance were as follows:
Fracture of Base of skull Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance:
accidently walked into propeller of air plane

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury 5-31-1933
 Where did injury occur? K.C. Municipal air field
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Struck air plane propeller
 Nature of injury Fr of skull

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J.H. O'Brien, M. D.
 (Address) Kansas City Mo

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.

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