

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 309
 Township Kaw Primary Registration District No. 138
 City Kansas City (No. 3023 Wayne Avenue)

File No. 23140
 Registered No. 2843
 St. _____ Ward _____

2. FULL NAME Johanna CALLERY

(a) Residence, No. 2005 Monroe St. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>Michael Callery</u> (HUSBAND OF)		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 1, 1852</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>3</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</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		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
13. NAME <u>Eugene Sullivan</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Henora O'Meill</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT <u>Miss Anna Sullivan, sister</u> (ADDRESS) <u>3023 Wayne Ave., K. C. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hoge, Kansas</u> DATE <u>7/11/33</u>		
19. UNDERTAKER <u>Melody McGilley</u> (ADDRESS) <u>K C MO.</u>		
20. FILED <u>July 10, 1933</u> <u>M. M. Cronin</u> <u>Asst. Registrar.</u>		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/8/33, 1933

22. Whereby CERTIFY, that I attended deceased (from May 33 July 8, 1933)
 I last saw him alive on July 8, 1933 Death is said to have occurred on the date stated above, at 7 p.m.
 The principal cause of death and related causes of importance were as follows:
Senility Date of onset 1930
Renal-Cardiac Disease not known
 Other contributory causes of importance:
None
 Name of operation None Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None 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) J. J. Coyne M. D.
 (Address) 208 W. Witham Bldg. K. C. Mo.

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.

RECORD WITH OTHER RECORDS IN THIS IS A PERMANENT RECORD

2
15
15

