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.

36444

1. PLACE OF DEATH
County Jackson — Registration District No. 3 [illegible] — File No.
Township Kaw — Primary Registration District No. [illegible] — Registered No. 4355
City Kansas City (No. 1314 West 40th St. Ward)

2. FULL NAME Mrs. Agnes Feeley
(a) Residence, No. 1314 West 40th St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug Unk 1854

7. AGE — YEARS: 79 — MONTHS: 3 — DAYS: Unk — 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) Ireland

FATHER
13. NAME John Casey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Margaret Kennally
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) John Feeley 1314 West 40th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys' Cem DATE 11/ /33 19

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. 20 West Linwood

20. FILED Nov 7 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/7/33 19

22. I HEREBY CERTIFY, That I attended deceased from 11-3, 1933, to 11-7, 1933
I last saw her alive on 11-6, 1933 Death is said to have occurred on the date stated above, at 6:30 AM
The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset 11-3-33

Other contributory causes of importance:
arteriosclerosis

Name of operation — Date of
What test confirmed diagnosis? Clinical 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 no
(Signed) A J Welch, M. D.
(Address) 835 Reid