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.

36543

MAY 8 1934

1. PLACE OF DEATH

County Jackson — Registration District No. 3 — File No.

Township Kaw — Primary Registration District No. 100 — Registered No. 4464

City Kansas City (No. 2851 Mercer St. Ward)

2. FULL NAME Michael M. Kiley

(a) Residence, No. 2851 Mercer St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE: YEARS 67 — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wilson & Co.

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 Thomas Kiley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Bridget Powers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. Mary Kiley
(ADDRESS) 2851 Mercer

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys Crew DATE 11/16/33, 19

19. UNDERTAKER W. F. Mayberry
(ADDRESS) City

20. FILED Nov 14, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/13/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-24, 1933, to 11-, 19

I last saw him alive on 11-13-, 1933. Death is said to have occurred on the date stated above, at 4.35P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset
10-24-33
88B
101B

Other contributory causes of importance: Broncho-pneumonia

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? no

If so, specify

(Signed) A. Welch, M. D.

(Address) 835 Realty

Rialto Bldg
Ma. # 929
8:35