OCT 2 2 1935

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

Do not use this space.

29654

File No.
Registered No.

1. PLACE OF DEATH

County
Township Jackson
City Kansas City (No. 34th & Karnes Blvd St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Charles F Kelly

(a) Residence, No. 3525 Genesse St., Ward.
(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. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metropolitan Life Ins. 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) Gardner, Kas

FATHER

13. NAME Charles M Kelly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gardner, Kas

MOTHER

15. MAIDEN NAME Nina Scott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Olathe, Kas

17. INFORMANT (ADDRESS) Mrs Nina Kelly 215 South Water St, Olathe, Kas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Olathe, Kas DATE Sept 24, 1935

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co Linwood & Main

20. FILED 9-22 1935 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/21/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile hemmatoma	
Crushing injury of the Chest	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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? 34th & Karnes Blvd
(Specify city or town, county, and State)
Specify whether injury occurred in factory, in home, or in public place.
Manner of injury Auto Accident
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ..., M. D.
(Address)

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.