NOV 21 1935

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

Do not use this space.

32678

File No. 2956

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 3[illegible]

Township ~~Kaw~~ — Primary Registration District No. [illegible]

City Kansas City (No. Wesley Hospital St. Ward)

2. FULL NAME Robert P Kelly

(a) Residence, No. 704½ East 15th 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	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26 1901

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
34		11	

OCCUPATION

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

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) Topeka Kansas

FATHER

13. NAME William J Kelly

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

MOTHER

15. MAIDEN NAME Nora McElroy

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hill Cem DATE Oct 10 1935

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

20. FILED 10/9 1935 M. M. Lerowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 4th 1935, to Oct 7th 1935

I last saw him alive on Oct 7th 1935. Death is said to have occurred on the date stated above, at 10:00 A. M.

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

	Date of onset
Chronic & Acute Nephritis	

Other contributory causes of importance: Hypertrophy Heart

Name of operation None 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?
(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 Personal Liberalism

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm S Thomas, M. D.

(Address) 314 Brawner Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very import

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD