FEB 26 1936

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

Do not use this space.

6041

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 3417 Washington St. Ward)
Registration District No. 399
Primary Registration District No. 100
File No.
Registered No. 856

2. FULL NAME Mary A. Morley
(a) Residence, No. 3417 Washington 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 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 William J. Morley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5-1855

7. AGE YEARS 80 MONTHS 5 DAYS 13 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) Ohio

FATHER
13. NAME James O'Shea
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Hanovah Learnihan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Miss May Morley 3417 Washington

18. BURIAL, ~~CREMATION OR REMOVAL~~
PLACE Mt St Marys DATE 2-18-36

19. UNDERTAKER (ADDRESS) J F O'Donnellan 3256 Broadway

20. FILED 2-17, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1930, to February 16, 1936
I last saw her alive on February 16, 1936. Death is said to have occurred on the date stated above, at 8:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic Myocarditis	1920
2. Chronic Interstitial Nephritis	1920
3. Arterio-sclerosis	

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Other contributory causes of importance:
Gangrene of Legs

Name of operation ..... Date of .....
What test confirmed diagnosis? Urinalysis B.P. 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) Joseph A. Fogarty M. D.
(Address) 406 Wirthman Bldg Kansas City, Mo.

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.