

MAY 7 1933

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. *De Paul Hospital*)

791

1003

File No.....

Registered No.....

4247

St. Ward)

2. FULL NAME

(a) Residence, No. *3657* *East* St., *11* 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.

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

Mayme M Kelly

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

7-29-1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*74**8**17*

OCCUPATION

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

Contractor

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

Builder

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)

St Louis

13. NAME

Patricia M Kelly

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

Ireland

15. MAIDEN NAME

May Fitzgibbon

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

Ireland

17. INFORMANT

(ADDRESS)

Mayme M Kelly
3657 East

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary

DATE

4-20-36

19. UNDERTAKER

(ADDRESS)

Arthur J. Donnelly
3840 Webster

20. FILED APR 18 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Apr 16 1936

22. I HEREBY CERTIFY, That I attended deceased from

*2/22 1936 to Apr 16 1936*I last saw him alive on *Apr 15 1936*. Death is saidto have occurred on the date stated above, at *3 P.* m.

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

Haemorrhage from carcinoma of bladder

Date of onset

*Feb 1/36**51*

Other contributory causes of importance:

*Carcinoma of bladder ?**Chronic myocardial changes ?**Chronic myocardial changes ?*Name of operation *None* Date ofWhat test confirmed diagnosis? *Cystoscopy* Was there an autopsy? *Yes*

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) *P. Donnelly* M. D.(Address) *1117 N Grand Ave*

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