

FEB 17 1937

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

Do not use this space.

1769

1. PLACE OF DEATH

County Jackson Registration District No. 397
Township Clare Primary Registration District No. 1902
City Jackson City (No. St. Lukes Hosp) St. _____ (Ward)

File No. _____
Registered No. 500
St. _____ (Ward)

2. FULL NAME

(a) Residence, No. Mrs. Bridget Kelly Ward _____
(Usual place of abode) 61 West 108 St New York City (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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 10 20

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. 235 15
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 15

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

13. NAME John Kenny

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

15. MAIDEN NAME Mary Ann

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

17. INFORMANT Mrs. Mary Ladin (ADDRESS) 621 East Adams St

18. BURIAL, CREMATION, OR REMOVAL PLACE New York City DATE Feb 4, 1937

19. UNDERTAKER Trink & Loken (ADDRESS) 20

20. FILED Jan 21, 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31st 1937

22. I HEREBY CERTIFY, that I attended deceased from Jan 23, 1937, to Jan 31, 1937. Last saw him alive on Jan 30, 1937. Death is said to have occurred on the date stated above, at 6:50 a.m.

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

Lobar Pneumonia Jan 26

Other contributory causes of importance Asphyxia

Name of operation Physician Fudus Date of _____
What test confirmed diagnosis? Autopsy 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) F. Eda Mar, M. D.
(Address) 624 Prof Blvd

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.

