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.

Dr FELLER

Do not use this space.

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

JUN 21 1937

1. PLACE OF DEATH
County GREENE — Registration District No. 318 — File No. 20042
Township — Primary Registration District No. 2001 — Registered No. [illegible]
City SPRINGFIELD (No. 1956 N. ROBBERSON St. ..... Ward)

2. FULL NAME MARY E. KELLY
(a) Residence, No. 1956 N. ROBBERSON St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: JOHN KELLY
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): FEB 22 1855
7. AGE: YEARS 82 — MONTHS 2 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: HOUSEWIFE
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): MO

FATHER
13. NAME: PAT BYRNE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ENGLAND

MOTHER
15. MAIDEN NAME: ROSANA COLE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ENGLAND

17. INFORMANT (ADDRESS): JOHN KELLY SPRINGFIELD
18. BURIAL, CREMATION, OR REMOVAL
PLACE ST MARYS DATE 5/20 1937
19. UNDERTAKER (ADDRESS): HERMAN LOHMEYER SPRINGFIELD
20. FILED May 20, 1937 Chas A. George MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-7, 1937, to 5-10, 1937
I last saw her alive on 5-17, 1937. Death is said to have occurred on the date stated above, at 6:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/1937
paralysis of left arm & leg	

Other contributory causes of importance:
Passive pneumonia
Senility

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? ..... (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? .....
If so, specify .....
(Signed) C. E. Feller, M. D.
(Address) Springfield Mo