SEP 21 1937

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

Do not use this space.

File No. 29891

Registered No. 2505

1. PLACE OF DEATH

County: Jackson

Township: Kaw

City: Kansas City (No. General Hospital St. Ward)

Registration District No. 399

Primary Registration District No. 1002

2. FULL NAME William, Leo KILEY

(a) Residence, No. 803 Oak Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	8	25	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Denver
(STATE OR COUNTRY) Colorado

FATHER

13. NAME John Kiley

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

MOTHER

15. MAIDEN NAME Mary M McGrath

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

17. INFORMANT Edward J. Kiley, brother,
(ADDRESS) Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Denver, Colo. DATE 8/26/37, 19

19. UNDERTAKER Hellody-McGilley
(ADDRESS) K. C. Mo..

20. FILED Aug 26 1937 M. M. Crowe, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/23/37

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above at 5:35 p.m.

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

	Date of onset
Sarcoma de Bassin (Pelvis)	
NMO	

Other contributory causes of importance:

Name of operation ..... Date of ....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) ....., M. D.

(Address) .....

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.