

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.

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

Do not use this space.

NOV 18 1937
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36850

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 930 West 33rd Terrace) St. _____ Ward _____
File No. _____
Registered No. _____

2. FULL NAME Miss Lelia M. Keane
(a) Residence, No. 930 West 33rd Terrace 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>No Record</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>35</u>	<u>55</u>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u>			
	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)..... <u>Kansas City</u> (STATE OR COUNTRY) <u>MO.</u>				
FATHER	13. NAME <u>Thomas Keane</u>			
	14. BIRTHPLACE (CITY OR TOWN)..... <u>Ireland</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Nora Scanlon</u>			
	16. BIRTHPLACE (CITY OR TOWN)..... <u>Ireland</u> (STATE OR COUNTRY)			
17. INFORMANT <u>James Hanlon</u> (ADDRESS) <u>930 W. 33rd Terrace</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys Cem</u> DATE <u>10/26/37</u> 19				
19. UNDERTAKER <u>Quirk & Tobin Co.</u> (ADDRESS) <u>Kansas City, MO.</u>				
20. FILED <u>10.25.1937</u> <u>M.M. Crowe</u> Registrar				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-23 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937, to Oct-23, 1937.
I last saw her alive on Oct 14, 1937. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Throat. Date of onset 2-37
45

Other contributory causes of importance:
Paralysis lower limbs + Right Side of body + Neck

Name of operation Cat. Date of No.
What test confirmed diagnosis? Cat. 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 Dr. C. Lester Hull M. D.
(Signed) 17406 Wornall Rd
(Address) K.C. Mo

