

REC'D APR 23 1938

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

9730
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City. (d) Street No. 957 West 42nd St. Registered No. 1195
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME Catharine V. KELLY. 400
(a) Residence, No. 957 West 42nd St. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles H. Kelly.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 10 6
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) St. Louis Missouri.
13. NAME Joseph Cavanaugh.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri.
15. MAIDEN NAME Catharine McConnell.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.
17. INFORMANT (ADDRESS) Joseph L. Kelly. 4351 Knickerbacker.
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 3/ 17/ 38.
19. FUNERAL DIRECTOR (ADDRESS) Melody-McGilley. K. C. Mo.
20. FILED Mich 16 19 38 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 1937, 1937, to March 14, 1938. I last saw her alive on March 14, 1938. Death is said to have occurred on the date stated above, at 6:40A m.
The principal cause of death and related causes of importance were as follows:
Apoplexy in Feb. 1937
Second attack of apoplexy March 10 1938
Date of onset 82
Other contributory causes of importance:
Arterio-sclerosis
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____ (Signed) H. M. Hittner, M. D.
(Address) 617 S. Locust 13219

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.

Hillier
1115 Grand

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)