

REC'D JUN 12 1938

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 399File No. 21171Township KawPrimary Registration District No. 1000Registered No. 2021City Kansas City(No. St. Luke's Hospital)St. Beyond

Ward)

2. FULL NAME Michael A. Kelly(a) Residence, No. St. Luke's Hospital

(Usual place of abode)

Ward. Beyond Kans

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos. 40 ds.

How long in U. S., if of foreign birth?

yrs.

mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Iona M. Schwartz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-15-1861</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>10</u>
	DAYS <u>15</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</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, year) <u>5-1938</u>	11. Total time (years) spent in this occupation <u>57</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Missouri</u>		
FATHER	13. NAME <u>Michael A. Kelly</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Irish</u>	
MOTHER	15. MAIDEN NAME <u>Johanna - unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Irish</u>	
17. INFORMANT (ADDRESS) <u>W. M. Clancy</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wes. Kansas</u>	DATE <u>July 2 1938</u>	
19. UNDERTAKER (ADDRESS) <u>Edward B. Plungen</u>		
20. FILED <u>7/20 1938</u>	<u>Dr. M. Crowe</u>	Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>June 30 1938</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>5-23 1938</u> to <u>6-30 1938</u>
I last saw him alive on <u>5-29 1938</u> . Death is said to have occurred on the date stated above, at <u>2 a.m.</u>
The principal cause of death and related causes of importance were as follows: <u>Carcinoma of prostate with metastasis to both lungs, liver and rt. kidney</u>
Date of onset <u>1937</u>
Other contributory causes of importance: <u>Renal lithiasis - rt</u>
Date of onset <u>1920</u>
Name of operation <u>None</u>
Date of operation
What test confirmed diagnosis?
Was there an autopsy? <u>yes</u>
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? <u>no</u>
If so, specify
(Signed) <u>P. T. Bohan</u> M. D.
(Address) <u>315 Alameda Road, K.C. Mo.</u>

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.

