REC'D NOV 21 1938

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

34523
Do not use this space.

2

1. PLACE OF DEATH
(a) County Jackson 1 Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 3859
(c) City Kansas City (d) Street No. 4149 Penn St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 400 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Mary Keeley
(a) Residence, No. 4149 Penn St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Keeley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23, 1861

7. AGE: Years 77 | Months 8 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Galesburg, Illinois

FATHER
13. NAME Thomas Kiley 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER
15. MAIDEN NAME Margaret Blake 5
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. Charles Fallet, 4149 Penn.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys Cemetery DATE Oct. 5, 1938

19. FUNERAL DIRECTOR (NAME) QUIRK & TOBIN COMPANY
(ADDRESS) Kansas City, Mo.

20. FILED Oct 4 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from april 10, 1935 to Oct 2, 1938
I last saw her alive on Oct 2, 1938 Death is said to have occurred on the date stated above, at 2 10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9-20-38
8 Days	
Other contributory causes of importance: Essential hypertension	15 yrs
arterio Sclerosis	?

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical. 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. E. Schoen, M. D.
(Address) 243 Waltby Bldg

Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.