

REC'D MAR 9 1939

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

Do not use this space.

5649

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City, Mo (No. St. Joseph Hospital)File No. 848

Registered No.

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Mrs Belinda Kelly(a) Residence, No. 4141 Highland

(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(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

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFPeter J Kelly

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 21, 1855

## 7. AGE

83

YEARS

MONTHS 7DAYS 4If LESS than 1  
day, ..... hrs.  
or ..... min.

## OCCUPATION

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

At Home

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) (STATE OR COUNTRY)

Detroit, Michigan

## FATHER

## 13. NAME

No record

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

No record

## MOTHER

## 15. MAIDEN NAME

No record

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

No record

## 17. INFORMANT

St Joseph's Hospital records

(ADDRESS)

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mary's Cemetery 2/27/39

## 19. UNDERTAKER

(ADDRESS)

Thos. E. Quirk Funeral Home4316 Troost

## 20. FILED

7261939M. M. Brown

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb 25, 1939

## 22. I HEREBY CERTIFY, That I attended deceased from

8/1 - 1939 to 2/25 - 1939I last saw her alive on 2/24, 1939 Death is saidto have occurred on the date stated above, at 1:05 A.M.

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

Bronchial Pneumonia

Date of onset

2/241939

## Other contributory causes of importance:

Chronic rings Carditis

## Name of operation

Date of

## What test confirmed diagnosis?

Was there an autopsy?

## 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)

D. C. Russell, M. D.

(Address)

3231 E 11th StK. C. No

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.

