

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.

FILED JUL 15 1940

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

Do not use this space.

22557

1. PLACE OF DEATH

County Platte Registration District No. 695
Township Petta Primary Registration District No. 5922
City _____ (No. _____) St. _____ (Ward) _____

2. FULL NAME

James S. Kelliher

(a) Residence, No. Parkville mo. St. _____ Ward _____

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Kelliher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26-1861

7. AGE YEARS 78 MONTHS 5 DAYS 30 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer
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) Missouri

FATHER 13. NAME X 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X 7

MOTHER 15. MAIDEN NAME X

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

17. INFORMANT J. E. Moore (ADDRESS) Parkville mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Platte city mo DATE June 27, 1940

19. UNDERTAKER Nathaniel (ADDRESS) Parkville mo

20. FILED 6-26 1940 S. P. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 6 1940, to June 25, 1940. I last saw him alive on June 26, 1940. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

arterio sclerosis Date of onset _____

Other contributory causes of importance: Chronic nephritis
Cystitis

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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? NO
If so, specify _____
(Signed) S. P. Ford M. D.
(Address) Parkville mo.

RECEIVED

District Health Officer No. 111

District File Number 740-99H

Date Filed JUL 2 1940