

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH

County Clay  
Township Fishing River  
City Excelsior Springs, Mo.

Registration District No. 198  
Primary Registration District No. 3011  
Veterans Hospital

File No. 7785  
Registered No. 305  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME KIELY, John Michael  
(a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. California, Mo.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 4 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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 16, 1896</u>		
7. AGE YEARS <u>35</u>	MONTHS <u>6</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>salesman</u>		11. Total time (years) spent in this occupation. <u>unknown</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>salesman</u>		
10. Date deceased last worked at this occupation (month and year) <u>unknown</u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Michael Kiely

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

15. MAIDEN NAME Elizabeth Rady

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

17. INFORMANT Veterans Hospital Records  
(ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 3-8-32  
California, Mo.

19. UNDERTAKER (ADDRESS) Herbert Hope  
Excelsior Springs, Mo.

20. FILED 3-7-32 J. O. Orsen  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1932, 19, to March 6, 1932, 19

I last saw him alive on March 6, 1932, 19. Death is said to have occurred on the date stated above, at 2:30 p. m.

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

Chronic pulmonary tuberculosis  
miliary

Other contributory cause of importance:

none

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? exam. & obs. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? none Date of injury \_\_\_\_\_, 19

Where did injury occur? none  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? none

If so, specify \_\_\_\_\_ (Signed) \_\_\_\_\_, M. D.

Excelsior Springs, Mo.  
(Address)

