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.
35864

1. PLACE OF DEATH
County Jackson
Township Kan
City Kansas City (No. 822 Indiana St. Ward)
Registration District No.
Primary Registration District No.
File No. 4373
Registered No.

2. FULL NAME Mary Beller
(a) Residence, No. 822 Indiana St., 9 Ward.
(Usual place of abode)
(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 OF S. E. Bellar
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 1849
7. AGE YEARS 83 MONTHS 6 DAYS 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 12 yrs.
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) New York. 2

FATHER
13. NAME Michael Murphy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER
15. MAIDEN NAME Catherine Killarney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT (ADDRESS) Harry Suits 822 Ind. ave KC Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Olathe Ks DATE Nov. 23, 1932
19. UNDERTAKER (ADDRESS) H E Julien Olathe Ks.
20. FILED Nov. 22, 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 – 1932, to Nov. 19 – 1932
I last saw her alive on Nov. 19 – 1932 Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/19/32
108	
162	
108 (1)	

Other contributory causes of importance:
Senility old age

Name of operation None Date of None
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 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. No
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Jos. H. Freedman M.D.
(Signed) Jos Bright Bldg., M. D.
(Address) Kansas City, Mo.