

MINNESOTA DEPARTMENT OF HEALTH  
Division of Vital Statistics  
**CERTIFICATE OF DEATH**

REGISTERED NO. **021648**

1. PLACE OF DEATH: STATE OF MINNESOTA  
COUNTY Hennepin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)  
a. STATE Minn. b. COUNTY Hennepin

3. TOWNSHIP OR CITY OR VILLAGE  
c. TOWNSHIP OR Minneapolis  
d. CITY OR VILLAGE Minneapolis Is residence within its corporate limits? YES  NO

4. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
Mt. Sinai Hospital e. P. O. ADDRESS 2820 Brookwood Terrace ST.

5. NAME OF DECEASED (Type in full)  
MICHAEL JOSEPH KELLEY

6. DATE OF DEATH (Month) (Day) (Year)  
June 6, 1955

7. COLOR OR RACE Male White

8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

9. DATE OF BIRTH Dec. 2, 1875 1876

10. AGE (In years last birthday) 78-79

11. If Under 1 Year Months Days

12. OCCUPATION (Give kind of work done during most of working life, even if retired) (retired)  
President & Owner, Mpls. Millers baseball

13. KIND OF BUSINESS OR INDUSTRY

14. BIRTHPLACE (State or foreign country) Otter

15. CITIZEN OF WHAT COUNTRY? Otter-River, Mass.

16. MOTHER'S MAIDEN NAME Margaret Morrison

17. SPOUSE'S NAME Louise Mc Donald Kelley

18. DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No

19. SOCIAL SECURITY NO. 475-01-2982 A.

20. INFORMANT'S OWN SIGNATURE Mrs. M. J. Kelley

21. ADDRESS

22. MEDICAL CERTIFICATION

23. DISEASE OR CONDITION LEADING DIRECTLY TO DEATH\* (a) Cerebral anemia involving vital center

24. TIME BETWEEN ONSET & DEATH

25. ANTECEDENT CAUSES

26. DUE TO (b) Chronic alcoholism, congestive heart failure, and cirrhosis of liver;

27. MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

28. DUE TO (c) Fracture, comminuted, sub-capital head of right femur.

29. OTHER SIGNIFICANT CONDITIONS Contributing to death but not related to disease or condition causing death.

30. DATE OF OPERATION 5-3-55

31. MAJOR FINDINGS OF OPERATION Resection of fragmented head of rt. femur and installment of prosthetic head of rt. femur.

32. AUTOPSY? YES  NO

33. ACCIDENT (Specify) Accident

34. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Outside home

35. CITY, VILLAGE OR TOWNSHIP (COUNTY) (STATE) Minneapolis Hennepin Minnesota

36. TIME OF INJURY (Month) (Day) (Year) (Hour) May 25, 1955 m.

37. INJURY OCCURRED While at Work  Not While At Work

38. HOW DID INJURY OCCUR? Fell outside home several times.

39. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5:10 A. M., from the causes and on the date stated above.

40. SIGNATURE (Degree or title) William G. Guthrie, M.D. Coroner

41. ADDRESS Minneapolis, Minnesota

42. DATE SIGNED June 7, 1955

43. BURIAL CREMATION (Specify) Burial

44. DATE 6/9/55

45. NAME OF CEMETERY OR CREMATORY Lakewood Cemetery

46. LOCATION (City, village or county) (State) Minneapolis, Minnesota

47. FILED BY LOCAL REGISTRAR'S SIGNATURE

48. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER Otto E. Roland

49. ADDRESS 2301 Dupont Ave. S., Mpls.

50. DATE FILED JUN 7 1955

When cause, injury or complication which was IMMEDIATE CAUSE of death, set forth in brief, as heart failure, apoplexy, etc.

Signature of Sub-Registrar

Burial or removal permit issued \_\_\_\_\_ 19\_\_\_\_