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

Do not use this space.

21476

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 21476
Township Kaw — Primary Registration District No. 1002 — Registered No. 2824
City Kansas City (No. 3918 Warwick Blvd St. Ward)

2. FULL NAME James Shoemaker Reber
(a) Residence. No. 3918 Warwick Blvd. St., 7 Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Harcastle Reber

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2 1850

7. AGE: 77 Years — Months: 1 — Days: 13 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Publisher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) Pa
(STATE OR COUNTRY) ✓

PARENTS
10. NAME OF FATHER Thomas Reber
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Shoemakersville
(STATE OR COUNTRY) Pennsylvania
12. MAIDEN NAME OF MOTHER Sarah Shoemaker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Shoemakersville
(STATE OR COUNTRY) Pennsylvanis

14. INFORMANT Mrs James S Reber
(Address) 3918 Warwick Blvd

15. FILED July 17, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 1927

17. I HEREBY CERTIFY, That I attended deceased from July 14th, 1927, to July 15th, 1927, that I last saw him alive on 7-15, 1927, and that death occurred, on the date stated above, at 5:20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia - nephritis
acute exacerbation of a chronic nephritis
(duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) Infected Teeth
(duration) 500-6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & laboratory
(Signed) Saw v. Ayres, M.D.
7-16, 1927 (Address) Saw v. Ayres

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Washington Cemetery — DATE OF BURIAL: 7/18 1927

20. UNDERTAKER: Stine & McClure — ADDRESS: 7-16-1927

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.

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

1342 Telephone Bldg