

DEC 20 1936

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

Do not use this space.

41206

1. PLACE OF DEATH
48 County Jackson Registration District No. 214
10 Township Raw Primary Registration District No.
10 City K. C. Mo. (No. W. Leakes Hosp) St. Mo. Ward 1
2. FULL NAME Emma Reep
(a) Residence, No. Wilmore Ky St. Ky. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 4883
Registered No. St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Lewis Reep
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15 - 1867
7. AGE YEARS 69 MONTHS 7 DAYS 22 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Iowa

13. NAME John Weick

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

15. MAIDEN NAME Alvetch

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

17. INFORMANT Lewis Reep (ADDRESS) Wilmore, Kentucky

18. BURIAL, CREMATION, OR REMOVAL PLACE Yates Center, Mo. DATE 11-8-36

19. UNDERTAKER Mrs. C. L. Jester (ADDRESS) 918 Broadway Avenue

20. FILED 11-7-36 W. M. Crawford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-7-1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at 7:50 A. m.

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

Rupture of gall bladder Date of onset

Other contributory causes of importance: Peritonitis & subphrenic abscess

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external cause (injury), 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?

If so, specify

(Signed) Lawrence P. Engel, M. D.

(Address) 1228 Prof. Bldg

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.

EXHIBIT

Briferson
No 8320 *Pranson*

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No. **4883**
 City..... (No.) **St. Luke Hospital** St..... Ward.....

2. FULL NAME

Emma Reef
 (a) Residence, No..... St..... Ward.....
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX..... 4. COLOR OR RACE..... 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word).....

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

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

FATHER 13. NAME.....

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

MOTHER 15. MAIDEN NAME.....

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

17. INFORMANT (ADDRESS).....

18. BURIAL, CREMATION, OR REMOVAL.....

PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS).....

20. FILED **11/7 1936** **Dr. M. Brown** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-7 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 30 1937**, to **Nov 7 1936**, 1936

I last saw her alive on **Nov 7/502** 1936 Death is said to have occurred on the date stated above, at..... m.

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

**Disruption of gall-bladder
gallstones**

Other contributory causes of importance:.....

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....
 If so, specify.....

(Signed)....., M. D.
 (Address).....

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.

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