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.

REC'D MAR 4 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 5863
Township Kaw — Primary Registration District No. 100 V — Registered No. 929
City Kansas City, Mo. (No. Conley Hosp. 619 Garfield St. Ward)

2. FULL NAME Allie Reedy 300
(a) Residence, No. 2619 E 10th St. St., 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 [illegible]rd) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/25/1898

7. AGE — YEARS 39 — MONTHS 6 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Tenn.

FATHER
13. NAME No record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER
15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Thomas Reedy 2619 E 10th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE 2/28/38, 19

19. UNDERTAKER (ADDRESS) Sheil Funeral Home 6606 Indep. Ave. K. C. Mo.

20. FILED 2/27, 1938 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/24/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Crow, 19, to, 19
I last saw h alive on 9 05 p 19 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:
Cerebral hemorrhage — Date of onset
8 2 a

Other contributory causes of importance:
M

Name of operation Autopsy 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) [signature], M. D.
(Address) [signature]