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

Do not use this space.

27141

1. PLACE OF DEATH

County Jackson — Registration District No. — File No.

Township Kaw — Primary Registration District No. — Registered No. 8894

City Kansas City (No. 3217 Washington St. Ward)

2. FULL NAME ROSE R. REEVES

(a) Residence. No. 3217 Washington St., 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. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 25, 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	82	0	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

PARENTS

10. NAME OF FATHER Patrick Reily

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Alice Craig

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. R. E. Hale
(Address) 3217 Washington

15. FILED 9-3 1927 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 1 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927, to Sept 27, 1927, that I last saw her alive on Sept 1, 1927, and that death occurred, on the date stated above, at 12 30 pm

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

82A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 7401 (duration) 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?

(Signed) Chett McDonald, M.D

9/2, 1927 (Address) 1135 Rialto Bldg

*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	DATE OF BURIAL
Forest Hill Cemetery	9-3-1927
20. UNDERTAKER	ADDRESS
Stine & McClure	924 Oak

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.

1135 Realto Bld g.