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.

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

Do not use this space.

30466

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 73
City K.C. (No. St Joseph Hosp St. Ward)

2. FULL NAME E. J. Reardon
(a) Residence. No. 1116 Prospect ave St., 9 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

4

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4th 1855

7. AGE: YEARS 72 — MONTHS 3 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Cincinnati
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Edward Reardon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Mary
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Wm T. Reardon
(Address) 1116 Prospect ave

15. FILED 10/21, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/20/27 19

17. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1927, to Oct 19, 1927 that I last saw him alive on Oct 19, 1927, and that death occurred, on the date stated above, at 12 40 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal obstruction from a strangulated femoral hernia with gangreen of gut.
1227
1228
1229 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Strangulated femoral hernia (duration) Do not Know yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF 10-19-27
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Eugene P Hamilton, M. D
10-21, 1927 (Address) K C Mo

*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: St Mary's Cem — DATE OF BURIAL: 10/22/27 19

20. UNDERTAKER: W. F. Mayberry & Co — ADDRESS: City

Eugene Hamilton
602 Argyle
Vic 0[illegible]