

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

Do not use this space.

31827

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**

Primary Registration District No. **1003**

File No.
Registered No. **9185**
St. Ward)

2. FULL NAME

(a) Residence. No. **5520 Pershing Ave. 12** 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 the word)** Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 22 - 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1	
				day, hrs.	or min.
	56	11	22		

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) Pilot Knob, Mo.

10. NAME OF FATHER Benjamin B. Reagan

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

12. MAIDEN-NAME OF MOTHER Stacy Kumbel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Lancaster, Pennsylvania

14. INFORMANT (Address) Grace E. Reagan, 5520 Pershing Ave

15. FILED OCT 15 1927 **Wanda Starkoff** REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 14 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1927, to Oct 14, 1927, that I last saw her alive on Oct 14, 1927, and that death occurred, on the date stated above, at 7:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Lymphatic Leukemia

CONTRIBUTORY (SECONDARY) Chronic Nephritis & Ch. Nephritis probably 3-5 yrs. probably 1-2 yrs.

18. WHERE WAS DISEASE CONTRIBUTED IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? (Address) No. DATE OF...
WHAT TEST CONFIRMED DIAGNOSIS? Chemical Exam of Urine (Signed) Floyd C. Smith Oct 15, 1927 453 N. Taylor

*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 Ironton, Mo. **DATE OF BURIAL** Oct 17 1927

20. UNDERTAKER Wagoner **ADDRESS** 3621 Olive

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

