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. 899 — File No. 13355
Township Kaw — Primary Registration District No. 8003 — Registered No. 1686
City Kansas City (No. Kansas City Genl Hosp St. Ward)

2. FULL NAME Reeme Madeline
(a) Residence. No. 2840 Forest St., Ward 4
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 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): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 20 - 1901

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
27	1	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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) Mo.

PARENTS
10. NAME OF FATHER John Calnan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mass
12. MAIDEN NAME OF MOTHER Kath McGrath
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa

14. INFORMANT Record Clerk
(Address) K. C. General Hosp.

15. FILED 4/14, 1928 M M Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-14 1928

17. I HEREBY CERTIFY, That I attended deceased from 1-24, 1928, to 4-14, 1928 that I last saw her alive on 4-14, 1928, and that death occurred, on the date stated above, at 1:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Defective conduction in rt. Branch of His Bundle - Myocardial insufficiency
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chr. valv. disease - mitral stenosis + Insuf. (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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Clin. Find. + Autopsy
(Signed) P. E. Williams, M.D.
4-14, 1928 (Address) Supt K. C. Genl Hosp.

*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 Joseph Missouri — DATE OF BURIAL: 4-16 1928

20. UNDERTAKER: John J Sheehan — ADDRESS: K.C. Mo

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.