

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

Do not use this space.

23828

1. PLACE OF DEATH

County Jackson Registration District No. File No.
 Township Raw Primary Registration District No. Registered No. 2454
 City Kansas City (No. St. Joseph's Hoptl. St. Ward)

2. FULL NAME

Edward D. Reegar
 (a) Residence No. 2412 E. 51st St. 11 Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1, 1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
30 11 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Adverse Merchant
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Beck Tree
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Walter L. Reegar

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

12. MAIDEN NAME OF MOTHER Litharia

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

14. INFORMANT Mrs. Mary L. Reegar
 (Address) 2412 E. 51st St.

15. FILED 7/9 28 M.M. Grooms REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 1928

17. I HEREBY CERTIFY That I attended deceased from June 6 1928 to July 9 1928 that I last saw him alive on July 9 1928 and that death occurred, on the date stated above, at 3:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
abscess of lung. 12 1/2
36
26

CONTRIBUTORY (SECONDARY) Scrofula following
Rheumatoid arthritis
 (duration) yrs. mos. da. 27

18. WHERE WAS DISEASE CONTRACTED
 I NOT AT PLACE OF DEATH. Kansas City Mo
 DID AN OPERATION PRECEDE DEATH. yes DATE OF June 6-28

WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) G. A. W. Burk M.D.
7/9 1928 (Address) 829 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 Beck Tree, Mo DATE OF BURIAL 7-10 1928

20. UNDERTAKER W.H. Newcomer's Sons ADDRESS K.C. Mo

Urs 8/4 ch
11-24

11



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County.....
Township *K. City*.....
City *K. City* (No.).....

Registration District No. *399*
Primary Registration District No. *1002*

File No.
Registered No. *2954*
St. Ward)

2. FULL NAME.....

Edward L. Renegar

(a) Residence. No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *M*

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

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

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

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED *7/9, 28* *M. M. Brown* REGISTRAR
Renegar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 9 19 28*

17. I HEREBY CERTIFY, That I attended deceased from to 19..... that I last saw h..... alive on 19..... and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

abscess of lung following General Sepsis - Peritonitis

CONTRIBUTORY (SECONDARY) *Peritonitis following ruptured appendix*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *117a* DATE OF

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *B. A. McQueen*, M. D.
, 19 (Address)

*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

20. UNDERTAKER

ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-23826