WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

35778

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 4319

Township Kaw — Primary Registration District No. [illegible] 2 — Registered No. [illegible]

City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Alice Hardcastle Reber

(a) Residence. No. 3918 Warwick Blvd. St., 5 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	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 James S. Reber

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jany. 28, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	64	8	23	

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) St. Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Addison L. Hardcastle

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

12. MAIDEN NAME OF MOTHER Octavia Alexander

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

14. INFORMANT Hazel Reber
(Address) 3918 Warwick Blvd

15. FILED 10/24, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 21 1928

17. I HEREBY CERTIFY, That I attended deceased from 9-17, 1928, to 10-21, 1928 that I last saw her alive on 10-21, 1928, and that death occurred, on the date stated above, at 8.15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
~~Pulmonary Embolism.~~
Chronic Myocardial Degeneration,
Auricular Fibrillation.
(duration) ~~yrs.~~ 2 mos. ds.

CONTRIBUTORY (SECONDARY) ~~Auricular Fibrillation~~ Chronic ~~Myocardial~~ Pulmonary Embolism.
(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? Clinical
(Signed) [signature], M. D
10/23, 1928 (Address) 924 Fields Bldg 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~~	DATE OF BURIAL
Mt. Washington Cem.	10-24 1928
20. UNDERTAKER	**ADDRESS**
Stine & McClure	924 Oak

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