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.

JAN 19 1931

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

Do not use this space.

38581

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 1316
City St. Joseph, Mo. (No. Sisters Hospital St. Ward)

2. FULL NAME Frances Katherine Reiner
(a) Residence. No. 2623 Duncan 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. 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 18, 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	45	2	21	

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) St Joseph
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER D. W. Seymour
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Ida E. Hutchinson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Leavenworth
(STATE OR COUNTRY) Kansas

14. INFORMANT Fred V. Reiner
(Address) St. Joseph, Mo.

15. FILED DEC 10 1930, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 9, 1930

17. I HEREBY CERTIFY, That I attended deceased from December 5, 1930, to December 9, 1930, that I last saw her alive on Dec. 9, 1930, and that death occurred, on the date stated above, at 6:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: General Peritonitis from Acute Perforated Appendicitis (Gangrenous) with Abscess & ~~[illegible]~~ spreading peritonitis (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Sub-acute appendicitis (duration) one yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH At home
DID AN OPERATION PRECEDE DEATH yes DATE OF Dec. 6-1930
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Operation & Clinical Symptoms Cecil Potter M. D.
(Signed)
Dec 9, 1930 (Address) St. Joseph, Missouri

*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. Auburn	Dec. 10 1930
20. UNDERTAKER	ADDRESS
Fleeman Funeral Home	1946 Calhoun