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.

10268

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 1546

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. KC General Hosp. St. ..... Ward)

2. FULL NAME Claud Reams

(a) Residence. No. 615 Woodland St. 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 23 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4-1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	38	10	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Baker 23
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Nat'l Biscuit Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

PARENTS

10. NAME OF FATHER Wm Reams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Record Clerk
(Address) KC General Hosp

15. FILED 4/1, 1931 M. M. Crowe REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-31 1931

17. I HEREBY CERTIFY, That I attended deceased from 1-6, 1931, to 3-31, 1931 that I last saw his alive on 3-31, 1931, and that death occurred, on the date stated above, at 12:40 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis 23A

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 23

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No. (1)

WHAT TEST CONFIRMED DIAGNOSIS?

3-31 (Signed) P. E. Williams, M. D.

, 1931 (Address) Supt KC Gen. 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	DATE OF BURIAL
Forest Hill	Apr 2 1931

20. UNDERTAKER	ADDRESS
R. V. Lindsey & Sons	City