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.

16254

File No. 2047

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City, Mo (No. 26 East 53rd St Terrace St. Ward)

2. FULL NAME Mrs. Evelyn M. Reagan

(a) Residence, No. 26 East 53rd St Terrace St. Ward. 8 (If nonresident, give city or town and State)
(Usual place of abode)

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: Fe

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: Thomas E. Reagan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 24, 1864

7. AGE: YEARS 67 — MONTHS 6 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 235

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

FATHER

13. NAME: Wm. Gillespie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 21

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): T. E. Reagan, 26 East 53rd St Terrace

18. BURIAL, CREMATION, OR REMOVAL: Iowa

PLACE Forest Hill Cem DATE 5-22-32 19

19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons, Inc K.C.Mo.

20. FILED 5/21 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1931, to May 21, 1932

I last saw her alive on May 18, 1932. Death is said to have occurred on the date stated above, at 2:15 PM

The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix

46.0
46.0
53.0

48

Date of onset

Other contributory causes of importance:

Extention to rectum and bladder

Name of operation Colostomy Date of 6-18-31.

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Frederick B. Campbell, M. D.

(Address) 1210 Prof. Bldg. Kansas City, Mo.

Dr. Frederick Campbell