

WRITE PERMANENT, 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.

APR 25 1934

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

Do not use this space.

9039

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City Mo (No. 4008)

Registration District No. 338
Primary Registration District No. 4008 Oak Street

File No. _____
Registered No. 1227
St. _____ Ward _____

2. FULL NAME Lenora Russell Reese

(a) Residence, No. 4008 Oak St St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. E. Reese

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>59</u>	<u>7</u>	<u>26</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Henry Co. Mo

13. NAME Rev. B. B. Russel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Belle Owen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Mrs. Allen L. Porter
(ADDRESS) Sister

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cemetery DATE Mar 19, 34

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 W. Linwood

20. FILED Mar 18 1934 M. M. Corum
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1933 to March 16 1934

I last saw him alive on March 16 1934. Death is said to have occurred on the date stated above, at 12/30 P.

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

Carcinoma of Cervix uteri Date of onset _____

48
53 E

Other contributory causes of importance: Abnormal Metastases

Name of operation x Ray Date of _____

What test confirmed diagnosis? Biopsy Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) The Corum, M. D.
(Address) _____

Dr. C. C. Tracy