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

Do not use this space.

20652

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. 2818
Township KAW — Primary Registration District No. 100 — Registered No.
City KANSAS CITY (No. 5215 EAST 28TH ST. TERR. St. ..... Ward)

2. FULL NAME MRS. ROSETTA REYNOLDS
(a) Residence, No. 5215 EAST 28TH ST. TERR. 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.

JUL 17 1934

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF JAMES I. REYNOLDS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-1-1868

7. AGE: YEARS 66 — MONTHS 1 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
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) BUTLER INDIANA

FATHER
13. NAME UNKNOWN LYKENS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) MRS CHARLES G. TEGHTMEYER 5215 EAST 28TH ST. TERRACE

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. WASHINGTON DATE JUNE-27 1934

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI

20. FILED 6-27-1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-25 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1934, to June 24, 1934
I last saw her alive on June 24, 1934 Death is said to have occurred on the date stated above, at 7:15 P m.
The principal cause of death and related causes of importance were as follows:

Uremic Coma — Date of onset June 23,
950
1326
9562

Other contributory causes of importance:
Chronic Hypertensive Cardio-Renal Disease

Name of operation ✓ Date of ✓
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) Ralph Perry, M. D.
(Address) 4800 E 24 K.C. Mo.

~~1916~~ 4800 E. ~~12 Ck~~ 24-[illegible] St.

2:30 - 9