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

Do not use this space.

24356

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2932
Township [illegible] — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. K.C. General Hosp. St. ..... Ward)

2. FULL NAME Opal Reese
(a) Residence, No. 4847 E. 17th St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. — 4. COLOR OR RACE White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 1915

7. AGE — YEARS 18 — MONTHS 10 — DAYS 16 — 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) Kansas

FATHER
13. NAME Augustus Reese
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yes.

MOTHER
15. MAIDEN NAME Naomi Thorpe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yes

17. INFORMANT (ADDRESS) Record Clerk K.C. Gen. Hosp. KC Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aberline 75 DATE 7-3- 1934

19. UNDERTAKER (ADDRESS) QUIRK + TOBIN

20. FILED July 2, 1934 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-, 1934, to 7-1, 1934
I last saw her alive on 7-1, 1934. Death is said to have occurred on the date stated above, at 9:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative Colitis	
1300	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) J. H. Gennett, M. D.
(Address) Supt. K.C. Gen. Hosp. KC Mo
7-2-34

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.

AUG 21 1934