

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

Do not use this space.

38583

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph, Mo. (No. 2316 , North Twenty-Second St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. 1259

**2. FULL NAME Bernard Eugene Reilly**

(a) Residence, No. 2316 N. 22nd. St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mary Rose Reilly

22. I HEREBY CERTIFY, That I attended deceased from Apr. 19, 1933, to Nov 14, 1934

I last saw him alive on Nov 14, 1934. Death is said to have occurred on the date stated above, at 4:46A m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1884

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
50 9 8

Date of onset July 1934

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

Met. Carcinoma of larynx

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 \_\_\_\_\_

Other contributory causes of importance: Carcinoma of larynx apx 1933

12. BIRTHPLACE (CITY OR TOWN) Brockton (STATE OR COUNTRY) MASS.

Name of operation Op. resection Date of Dec 1934

13. NAME James H. Reilly

What test confirmed diagnosis? Lab. Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) Brockton, (STATE OR COUNTRY) MASS.

15. MAIDEN NAME Unknown

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.

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

17. INFORMANT Mary Rose Reilly (ADDRESS) 2316 N. 22nd. St. Joseph, Mo.

Manner of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Mr. Olivet Cem. DATE NOV. 17, 1934

Nature of injury \_\_\_\_\_

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) St. Joseph, Mo.

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

20. FILED 11-16-34 1934 John R. Bender Registrar

If so, specify (Signed) Frank W. Berger, M. D. (Address) Two Palmer Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

