

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

Do not use this space.

37621

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 378
Primary Registration District No. 98
(No. 1849 East 68th Street Terr.)

File No. 4485
Registered No. 4485
St. 15 Ward

2. FULL NAME J. W. Reilly

(a) Residence, No. 1849 East 68th St. Terr. St. 15 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 60 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21st, 1861

7. AGE YEARS 70 MONTHS 43 DAYS 16 IF LESS than 1 day, hrs. or min.

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

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) Ill.

13. NAME Thomas Reilly

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

15. MAIDEN NAME Margaret Carr

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

17. INFORMANT Mrs. R. J. O'Herra
(ADDRESS) 1209 Valentine Road

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mary DATE 11/9/31

19. UNDERTAKER W. E. Mayberry
(ADDRESS) City

20. FILED 11-8-31 M. M. Brown
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7th. 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1931, to Nov 7, 1931

I last saw him alive on Nov 7, 1931 Death is said to have occurred on the date stated above, at 12:05 m.

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

Oct. 20, 1931
Broncho pneumonia
1078 / 1079

Other contributory causes of importance: none

Name of operation None 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?

If so, specify

(Signed) E. P. Monahan, M. D.

(Address) 311 Dryden Bldg.

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.