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

30166

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 1604 Central St. Ward)

2. FULL NAME Mathew Reilly

(a) Residence. No. 1604 Central St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 6 mos. 4 days. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 4-1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	55	10	30	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work No Business
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Macon
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Thomas Reilly
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) County Cavan Ireland
12. MAIDEN NAME OF MOTHER Margaret Carr
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) County Cavan Ireland

14. INFORMANT Hugh C Reilly
(Address) 1208 Broadway Kansas City Mo

15. FILED 10-5, 19 17 Ada Lemas REGISTRAR
Dep

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 2 1919

17. I HEREBY CERTIFY, That I attended deceased from July 29 Oct 1919, to Oct 3 1919, that I last saw h... alive on Oct 2 1919, and that death occurred, on the date stated above, at 4 PM a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Carcinomatosis
41
(duration) 2 yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Primary Carcinoma of Sigmoid flexure & Colon
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Kan. City Mo
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? 4/1 DATE OF July 31-19
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? exploration Laparotomy
(Signed) Ernest G Robertson, M. D.
10-3, 1919 (Address) 20 3 Bryant Bld-KCMo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mt Ol Memo	Oct 6 1919
20. UNDERTAKER	ADDRESS
Geo J. Stewart	1700 Broadway

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

U. S. No. 2.