

**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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF XXXXXXXXXX Mary Rose Reilly		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1884		
7. AGE 50	YEARS 9	MONTHS 8
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Lawyer		11. Total time (years) spent in this occupation
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)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 16, 1934**

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

OCCUPATION

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

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

Met. Carcinoma of lining of rectum

4 1/2

Other contributory causes of importance:
Carcinoma of rectum, Primary

Name of operation *Col. resection* Date of *Dec 1934*
 What test confirmed diagnosis? *Lab.* Was there an autopsy? *No*

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Brockton, Mass.**

13. NAME **James H. Reilly**

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

15. MAIDEN NAME **Unknown**

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

Manner of injury _____
 Nature of injury _____

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

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mr. Olivet Cem.**
St. Joseph, Mo. DATE **NOV. 17**, 1934

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify _____ (Signed) *Frank J. Sidenfaden*, M. D.
 (Address) *Lincoln Park Bldg.*

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

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

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

