

DEC 20 1930

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

Do not use this space.

35505

1. PLACE OF DEATH

County Callaway Registration District No. 104  
Township Fulton Primary Registration District No. 0008  
City Fulton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John Reese  
(a) Residence. No. State Hoop #1, Fulton, Mo V-15 Ward. Case County  
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>72</u>	<u>—</u>	<u>—</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) No Information  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER No Information

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER No Information

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT Record of State Hoop #1  
(Address) Fulton, Mo.

15. Nov 17, 1930 R. M. Creech  
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 14, 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1930, to Nov 14, 1930, and that I last saw him alive on Nov 14, 1930, and that death occurred, on the date stated above, at 9:45 P.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchitis-pneumonia  
107A  
84  
122 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility and Paranoia  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

19. WHAT TEST CONFIRMED DIAGNOSIS Physical Findings  
C. C. Oult, M. D.  
(Signed)

.19 (Address) Fulton, Mo.

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ante-mortem Board Columbia Mo DATE OF BURIAL IX 19

20. UNDERTAKER J. O. Roberts ADDRESS Columbia Mo

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

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.

RECEIVED  
COMMUNICATIONS SECTION  
MAY 10 1964

COMMUNICATIONS SECTION

TO :

FROM :

SUBJECT :

REFERENCE :

NOTES :

APPROVED :

SPECIAL AGENT IN CHARGE

COMMUNICATIONS SECTION

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D.C. 20535

MAIL ROOM

RECORDS SECTION

TRAINING CENTER

LABORATORY

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