

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

Do not use this space.

25785

1. PLACE OF DEATH

County Nodaway
Township Polk
City Maryville

Registration District No. 623
Primary Registration District No. 3031

File No. _____
Registered No. 4374
St. _____ Ward)

2. FULL NAME Adolphus Hiron Reece

(a) Residence. No. _____ St., _____ Ward.

(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 MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Reece

17. I HEREBY CERTIFY, That I attended deceased from June 27, 1931, to July 17, 1931 that I last saw him alive on July 16, 1931, and that death occurred, on the date stated above, at 4 a m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 22, 1860

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 6 25

Myocardial or coronary
Chamber Sclerosis
Bronchio-Pneumonia

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Weighmaster
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer Shoemaker-Bovard Quitman, No.

CONTRIBUTORY (SECONDARY) 93 81A 93C
(duration) yrs. mos. ds. 10 27

18. WHERE WAS DISEASE CONTRACTED same
IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

19. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) H. M. Hall Jr., M. D.

, 19 (Address) Maryville 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 DATE OF BURIAL

Oak Hill Cemetery July 19 1931
20. UNDERTAKER ADDRESS Maryville
Price Furn Co.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY)

10. NAME OF FATHER Baine Reece

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) N. Carolina

12. MAIDEN NAME OF MOTHER Margaret Coleman

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

14. INFORMANT Glen Reece (Address)

15. FILED 7-18-31 Mamie E. Charney REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE OF DEATH



2

2