

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

Do not use this space.

1. PLACE OF DEATH

County Dekalb Registration District No. 2.64
 Township Grant Primary Registration District No. 33.67
 City (No.) St. Ward

File No. 40534
 Registered No.

2. FULL NAME John Wm. Reese

(a) Residence, No. St. Ward.
 (Usual place of abode)
 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. (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 Bee Reese
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13th 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 4 2
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
 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) Missouri

13. NAME Unknown

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

15. MAIDEN NAME

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

17. INFORMANT Miles Reese (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Putler Cemetery DATE Dec 17th 1931

19. UNDERTAKER H. G. Pilcher (ADDRESS) Maysville Mo.

20. FILED Dec. 17, 1931 Miss Reese Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15-1931
 22. I HEREBY CERTIFY, That I attended deceased from June 21, 1931, to Dec 15, 1931
 I last saw him alive on Dec 15, 1931. Death is said to have occurred on the date stated above, at 10 p. m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of the Esophagus involving liver & gall bladder.
4613
 Other contributory causes of importance:
cirrhosis of liver
Parotitis of both glands

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 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) L. D. Tibbles D.D.
 (Address) Maysville, Mo.

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

NOV 20 1931

