

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

Do not use this space.

40868

1. PLACE OF DEATH

County Newton Co. Registration District No. 1046
 Township Shelburne Primary Registration District No. 5810
 City No. 12 mile S of Jasper Co. line (No. 5810) Registered No. _____

2. FULL NAME

Wm Henry Reese
 (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. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28-1850

7. AGE YEARS 82 MONTHS 10 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Jackson Co. Missouri

MOTHER FATHER 13. NAME James Edward Reese

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Missouri

15. MAIDEN NAME Lucy Frances Vaughn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Mr. Wm H. Reese

18. BURIAL, CREMATION, OR REMOVAL PLACE Carl Jung DATE 1-2-1933

19. UNDERTAKER (ADDRESS) Wm H. Reese

20. FILED 1/3/33 1933 J. Thurman Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1932 to Dec 30, 1932
 I last saw him alive on Dec 30, 1932 Death is said to have occurred on the date stated above, at 7 P. M.

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

Lobar pneumonia
108
 Other contributory causes of importance: Smiling arterial sclerosis

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 _____, 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 _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) W. H. Reese, M. D.
 (Address) Jackson, Mo.

WHITE PRINTING, 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.

