

REC'D JUN 9 1938

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

17695  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Boone Registration District No. 73  
(b) Township Columbia Primary Registration District No. 3006 Registered No. 130  
(c) City Columbia (d) Street No. 811 Alton St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

MARY DENNIS REES 200  
(a) Residence, No. 811 Alton St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Charles T. Rees  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-21-1885  
7. AGE YEARS 52 MONTHS 6 DAYS 6 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
9. Industry or business in which work was done, as 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) Boone County Missouri  
13. NAME Frank Dennis  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri  
15. MAIDEN NAME Lucy Schooler  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri  
17. INFORMANT (ADDRESS) Chas T. Rees 811 Alton Columbia, Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 5-29-38  
19. FUNERAL DIRECTOR (ADDRESS) Parkers Columbia Mo  
20. FILED 5/28/38 Allie Selby Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-27-1938  
22. I HEREBY CERTIFY, That I attended deceased from 3-12-1938 to 5-27-1938  
I last saw him alive on 5-26-1938 Death is said to have occurred on the date stated above, at 8 a.m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of Abdomen Date of onset Do not know  
N.M.D. Hb-  
Other contributory causes of importance:  
Chronic abdomen & Colic  
Name of operation lap up Date of 5-2-38  
What test confirmed diagnosis? Opium Was there an autopsy? no  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury None  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) W.P. Deane, M. D.  
74 (Address) Columbia, Mo.

STATEMENT BY LICENSED EMBALMER

I, W. N. Whitcomb, Licensed Embalmer No. 3893

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. N. Whitcomb

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed W. N. Whitcomb  
Licensed Embalmer No. 3893

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**