

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

Do not use this space.

36536

NOV 25 1940

1. PLACE OF DEATH

County Shannon Co. Registration District No. 825 File No. \_\_\_\_\_  
Township Montier Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Nancy Jane Reese  
(a) Residence, No. Shannon Co. St. New Rural (If nonresident, give city or town and State)  
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wife the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF \_\_\_\_\_  
(OR) WIFE OF Wm. T. Reese

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-31-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
75 11 22

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Webster Co. Mo.  
(STATE OR COUNTRY)

FATHER  
13. NAME Wesley Graves

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

MOTHER  
15. MAIDEN NAME Don't know

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

17. INFORMANT Wm. T. Reese  
(ADDRESS) Lincoln Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Intn. View DATE 10-13-1940

19. UNDERTAKER none  
(ADDRESS)

20. FILED 11-5, 1940 Frank Hyde M.D.  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12-1940

22. I HEREBY CERTIFY, That I attended deceased from 1-1-1940 to 10-12-1940

I last saw him alive on 10-1-1940. Death is said to have occurred on the date stated above, at 11 A.M.

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

enlarged heart  
mitral valvular  
leak. Date of onset \_\_\_\_\_

Other contributory causes of importance: Senility

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? no

If so, specify \_\_\_\_\_

(Signed) C. R. Trevill, M. D.  
(Address) Intn. View 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

District Health Officer No. 5,

District File Number 11901193

Date Filed \_\_\_\_\_