

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

Do not use this space.

14409  
Dr. Smith  
File No. \_\_\_\_\_  
Registered No. 333  
St. \_\_\_\_\_ Ward \_\_\_\_\_

MAY 25 1929

1. PLACE OF DEATH  
County: Franklin Registration District No. 318  
Township: Franklin Primary Registration District No. 200  
(No. Springfield Hospital)  
2. FULL NAME: Harold May Reese  
(a) Residence. No. 14 St. Reese Way \_\_\_\_\_  
(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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male  
4. COLOR OF RACE: White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married  
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF: Harold Reese  
6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 4, 1890  
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.: 39 0 13  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work: Museum  
(b) General nature of industry, business, or establishment in which employed (or employer): \_\_\_\_\_  
(c) Name of employer: \_\_\_\_\_  
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.  
10. NAME OF FATHER: John Reese  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.  
12. MAIDEN NAME OF MOTHER: Unknown  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): \_\_\_\_\_  
14. INFORMANT: Harold M. Reese  
Harold Reese, Sr.  
15. FILED: 4-18-29 For Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 17 19 29  
17. I HEREBY CERTIFY, That I attended deceased from March 1929, to April 17, 19 29  
that I last saw him alive on April 17, 19 29, and that death occurred, on the date stated above, at about 7 p.m.  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocarditis - Followed a normal pregnancy & delivery 4 mos before death - influenza just a few days before.  
CONTRIBUTORY (SECONDARY) arterio-sclerotic enlargement of liver (duration) yrs. 4 mos. da.  
18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) Henry D. Callaway, M. D.  
H-18, 1929 (Address) Springfield, Mo.  
\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Reese DATE OF BURIAL: April 21, 29  
20. UNDERTAKER: H. H. Simey ADDRESS: Springfield, 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

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