

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

Do not use this space.

37929

PLACE OF DEATH

County Platte
Township Portage des Moines
City (No.) (St.) (Ward

Registration District No. 756
Primary Registration District No. 5-997

File No.
Registered No.

2. FULL NAME Samuel Rees

(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 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 Laura Love Rees

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19 - 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 6 23

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employee)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Jacob Rees

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Barbara Poole

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT (Address) J. A. Col. Rees
ABH Postage des Moines

15. FILED Dec 13 1927 C. A. Barnard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 25 1925 to Dec 12 1927 that I last saw him alive on Dec 10 1927, and that death occurred, on the date stated above, at 220 W.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
97
137 Arteriosclerosis
1352
97B (duration) 1.9 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Angitis due to
chronic enlarged prostate (duration) 8 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

8. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Arteriosclerosis
(Signed) C. A. Barnard, M. D.

Dec 15, 1927 (Address) Postage des Moines

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Carbon County Dec 17 1927

20. UNDERTAKER ADDRESS
H. H. Meyer & Sons Co St. Charles 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.

JAN 5 1928

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