

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

Do not use this space.

16203

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. _____
 Township _____ Primary Registration District No. 1001 Registered No. 595
 City St. Joseph, (No. Noyas Hospital) St. _____ Ward _____

2. FULL NAME George E. Reece

(a) Residence No. _____ St. _____ Ward. Savannah Missouri.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Maggie V. Reece.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25, 1875.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	52	4	10 24	

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

9. BIRTHPLACE (CITY OR TOWN) Savannah
 (STATE OR COUNTRY) Missouri.

10. NAME OF FATHER William C. Reece.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sigma.
 (STATE OR COUNTRY) North Carolina.

12. MAIDEN NAME OF MOTHER Sarah Parks.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sigma.
 (STATE OR COUNTRY) North Carolina.

14. INFORMANT Mrs Maggie V. Reece.
 (Address) Savannah Missouri.

15. FILED MAY 10 1928 John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5, 1928

17. I HEREBY CERTIFY, That I attended deceased from 5/7/28
 _____, 19____, to _____, 19____
 that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____ 8:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Eubolism (Pulmonary)
1841-
111/3 (duration) about 3 hrs.
 CONTRIBUTORY Mytholitia (SECONDARY) about 1 year
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Home
 IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH. yes DATE OF 5/9/28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS. X-Ray
 (Signed) Hayd [Signature], M. D.
 5/10, 1928 (Address) PT 5126

*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

Savannah Missouri. May 11, 1928

20. UNDERTAKER ADDRESS H. O. Sideufaden 1802 Union St.

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.

