JUL 25 928

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

Do not use this space.

20344

1. PLACE OF DEATH
County: Gascanade
Township: Clay
City: (No. , St. Ward)
Registration District No.: 362 4/81
Primary Registration District No.: 6231
File No.:
Registered No.:

2. FULL NAME: Minnie Reese
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF DATH (MONTH, DAY AND YEAR): 5-1-1845

7. AGE: Years 83 | Months 1 | Days 28 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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): Germany

PARENTS
10. NAME OF FATHER: Henry Baertcher
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Elbabeth Deuscher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs John Reese
(Address): Bland Mo

15. FILED 6-27-28 O. C. Burger MD REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6-24-1928

17. I HEREBY CERTIFY, That I attended deceased from 6-18, 1928, to 6-24, 1928, that I last saw her alive on 6-23, 1928, and that death occurred, on the date stated above, at 8-10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
22A Apoplexy Bad Co
102
Fatal (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) High Blood pressure (duration) yrs. mos. ds.

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) H. Edw Mellus, M. D
, 19 (Address) Owensville Mo

*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: Unincumbering — DATE OF BURIAL: 6-26 1928
20. UNDERTAKER: Charles A Haight — ADDRESS: Bland 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.