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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. ..... — File No. 23890

Township Kaw — Primary Registration District No. ..... — Registered No. 3016

City Kansas City (No. 3912 Baltimore ave St. ..... Ward)

2. FULL NAME Joseph L. Rece

(a) Residence No. 3912 Baltimore ave St. 5 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9, 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	84	—	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Clerical Work

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va.

PARENTS

10. NAME OF FATHER John Milton Rece

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

12. MAIDEN NAME OF MOTHER Lucretia A. Love

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

14. INFORMANT Walter Rece (Address) 3912 Baltimore ave

15. FILED 7-14, 1928 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1928

17. I HEREBY CERTIFY, That I attended deceased from July 9th, 1928, to July 13th, 1928 that I last saw him alive on July 12th, 1928; and that death occurred, on the date stated above, at 3 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Arterio Sclerosis

Ch. Interstitial Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Uraemic Coma

(duration) X yrs. X mos. 4 ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Ezra D. Lilly, M. D

7/14, 1928 (Address) 1022 Argyle Bldg

*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 Forest Hill — DATE OF BURIAL 7/14 1928

20. UNDERTAKER Freeman Mortuary — ADDRESS 104 West 42nd. 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.