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.

24 1929

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

Do not use this space.

9922

1. PLACE OF DEATH
County Charlton
Township Brunswick
City Near Brunswick (No. ..... St. ..... Ward)
Registration District No. 169
Primary Registration District No. 5235
File No. .....
Registered No. 20

2. FULL NAME Guss Wayne 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb - 18 - 1929
7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
0	0	19	

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) None
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Brunswick
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER James Reese
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Brunswick
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Chloe Willis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Saline Co. Mo

14. INFORMANT Jos. Reese
(Address) Brunswick Mo
15. FILED 3/8 1929 H. E. Tatum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 7 1929
17. I HEREBY CERTIFY, That I attended deceased from Mch 6, 1929, to Mch 6, 1929, that I last saw him alive on Mch 6, 1929, and that death occurred, on the date stated above, at 5 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Endocarditis
91A 88B
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY)
(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) W. G. Brown, M. D
Mch 8, 1929 (Address) Brunswick 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 Brunswick Mo
DATE OF BURIAL Mch 9 1929
20. UNDERTAKER L. Meisel
ADDRESS Brunswick Mo