

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

Do not use this space.

13925

**1. PLACE OF DEATH**

County..... Buchanan  
Township.....  
City..... St. Joseph, (No. 2016 Jule St.)

Registration District No. 85  
Primary Registration District No. 1001

File No.....  
Registered No. 507  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Egbert 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 54 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) Sept. 1, 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>54</u>	<u>7</u>	<u>11</u>	

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph, Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER George Rees

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York City, N. Y.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Delia A. McKee

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Adams Co. N. Y.  
(STATE OR COUNTRY)

14. INFORMANT Geo. Rees  
(Address) 2016 Jule St.

15. FILED APR 15 1929 John J. White REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr, 12, 1929 1929

17. 4/9 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1929, to 4-12-29, 1929 that I last saw h. imp alive on 4-12-29, 1929, and that death occurred, on the date stated above, at 11.45 A.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic alcoholism

750  
\_\_\_\_\_ (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 60B  
\_\_\_\_\_ (duration) \_\_\_\_\_ yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? X DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? X

WHAT TEST CONFIRMED DIAGNOSIS clinical  
(Signed) R. Baunse, M. D.

4/15 1929 (Address) Lincoln Bldg of Jos. no

\*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 Mt. Mora Cemetery DATE OF BURIAL Apr, 15, 1929

20. UNDERTAKER Walter Meinhoff ADDRESS 1302 Faraon St.

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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.

