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

Do not use this space.

1. PLACE OF DEATH
County Howard — Registration District No. 379 — File No. 40457
Township Chariton — Primary Registration District No. 4223 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Hurbert 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 19 yrs. 3 mos. 12 ds. How long in U.S., if of foreign birth? 19 yrs. 3 mos. 12 ds.

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.

N 21 1930

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Black
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) 1910-9-1

7. AGE 19 YEARS — MONTHS 3 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

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

237

9. BIRTHPLACE (CITY OR TOWN) Howard County Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Samuel Reese
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Howard County Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Sofa Reese
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Howard County Mo
(STATE OR COUNTRY)

14. INFORMANT Adell Reese
(Address) Glasgow Mo

15. FILED 12-17, 1929 C H Temple REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-13 1929

17. I HEREBY CERTIFY, That I attended deceased from July 27, 1929, to Dec 4, 1929, that I last saw him alive on Dec 4, 1929, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Pneumonia Tuberculosis
83 M
(duration) 0 yrs. 5 mos. 17 ds.

CONTRIBUTORY (SECONDARY) none
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? unknown
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical X-Ray Laboratory
(Signed) Edwin H Lee, M. D
Dec 15, 1929 (Address) 1830 Vine St. K.C. 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 Glasgow Mo — DATE OF BURIAL 12-15 1929

20. UNDERTAKER Tony Hillen — ADDRESS Glasgow Mo