

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

Do not use this space.

1. PLACE OF DEATH

County.....Buchanan.....

Registration District No. 85

Township.....

Primary Registration District No. 1001

City.....St. Joseph.....

(No. St. Josephs Hospital)

File No. 38566

Registered No. 1295

St. _____ Ward _____

2. FULL NAME Ethel C. Reece

(a) Residence. No. _____ St. _____ Ward _____

(Usual place of abode)

Savannah Missouri

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF _____
(OR) WIFE OF Joseph Reece

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 2, 1890

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

40

10

1

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer Own home

9. BIRTHPLACE (CITY OR TOWN) DeKalb Co.

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER William Carr

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Anna Creesy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Athens Co.

(STATE OR COUNTRY) Ohio

14. INFORMANT Joseph Reece

(Address) Savannah Missouri

15. FILED DEC 8 1930 John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1930, to Dec 3 - 1930, that I last saw h. AT alive on Dec 3, 1930, and that death occurred, on the date stated above, at 1/30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Exophthalmic Goiter
due to toxic Adenoma of Thyroid - mixed type
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Goiter Heart
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Savannah, Mo.
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec. 2-1930

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic
(Signed) Carl Foster M. D.

Dec. 3, 19 30 (Address) 731 Forest - S. Jeff. 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 Savannah Missouri **DATE OF BURIAL** Dec. 5 19 30

20. UNDERTAKER H. C. Schenckler **ADDRESS** 1802 Union 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.

JAN 19 1931

