

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

Do not use this space.

43132

1. PLACE OF DEATH  
 County Stoddard Registration District No. 840  
 Township Dudchuck Primary Registration District No. 6102  
 City Quixico Mo (No. 1151) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mollie Reese  
 (a) Residence, No. Fisk Mo 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 <input checked="" type="checkbox"/> Male	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 21, 1867</u>				
7. AGE	YEARS <u>64</u>	MONTHS <u>2</u>	DAYS <u>10</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>				
MOTHER	13. NAME <u>Mr. Harris</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
	15. MAIDEN NAME <u>Sarah Harris's twin</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>				
17. INFORMANT <u>Howard Black</u> (ADDRESS) <u>Puerto Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hobbs Chapel</u> DATE <u>Dec-2</u> 19 <u>31</u>				
19. UNDERTAKER <u>J. M. Manion</u> <u>Fisk Mo</u> (ADDRESS)				
20. FILED <u>The 13</u> 19 <u>31</u> <u>E L Hope</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1931, to Dec 1, 1931.  
 I last saw her alive on Nov 30, 1931. Death is said to have occurred on the date stated above, at 11:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia in both lungs  
108  
108  
 Other contributory causes of importance: none

Date of onset <u>Nov 26-1931</u>
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Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) E P Edmund M. D.  
 (Address) Puerto Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEC 26 1931

