

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

Do not use this space.

11500

1. PLACE OF DEATH  
 4 County Andrew Registration District No. 26  
 4 Township Patton Primary Registration District No. 3002  
 City Mexico mo (No. Andrew Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Mrs. Henrietta Reese  
 (a) Residence, No. Ashley 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. 12 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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 Thomas E. Reese  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 26 - 1872  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 \* \* \* 21 \* \* \*  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
 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) Ashley, Pike Co. mo.  
 FATHER  
 13. NAME Wm. Worthington  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland  
 MOTHER  
 15. MAIDEN NAME Amey Blair  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. mo.  
 17. INFORMANT Thomas E. Reese  
 (ADDRESS) Ashley mo.  
 18. BURIAL, CREMATION, OR REMOVAL  
 \* Ashley Cemetery \* DATE Apr. 18, 1932  
 19. UNDERTAKER Grace Bonhead  
 (ADDRESS) Bowling Green, mo.  
 20. FILED April 17th, 1932 Ira S. Milligan  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17-, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from 4-5-, 1932, to 4-17-, 1932  
 I last saw her alive on 4-16-, 1932 Death is said to have occurred on the date stated above, at 4 1/2 m.  
 The principal cause of death and related causes of importance were as follows:  
Peritonitis due from ruptured appendix.  
121A  
121B  
121C  
 Date of onset 4-2-32  
 Other contributory causes of importance:  
Analgesic Hemoglobin of Spleen  
Phosphorus subchloride artery  
in R. arm - death of red matter  
 Name of operation Appendectomy Date of 4-5-32  
 What test confirmed diagnosis? Ops 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) Paul E. Coak, M. D.  
 (Address) Mexico mo.

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