

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

Do not use this space.

22127

1. PLACE OF DEATH

14 County Callaway
2 Township Fulton
7 City Fulton (No. _____)

Registration District No. 104
Primary Registration District No. 3008

File No. _____
Registered No. 146
St. _____ Ward) _____

2. FULL NAME

Mrs. Alice Reese

(a) Residence. No. 414 S. W. Ninth St., Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1885</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>—</u>
	DAYS <u>—</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House Wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>235</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Missouri

10. NAME OF FATHER
Peter Grant

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
Missouri

12. MAIDEN NAME OF MOTHER
Isabelle Walker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)
Missouri

14. INFORMANT
Robt. Reese
414 S. W. Ninth, Fulton, Mo.

15. July 19, 1932
A. N. Reese
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17- 1932

17. I HEREBY CERTIFY, That I attended deceased from July 16, 1932, to July 17, 1932, that I last saw h. alive on July 16, 1932, and that death occurred, on the date stated above, at 8:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Liver
4-6 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
4-6 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
①

IF NOT AT PLACE OF DEATH. _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
Clinical
(Signed) H. J. OWEN, M. D.
, 19 (Address) Fulton, 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
New Richmond Cemetery

DATE OF BURIAL
July 20, 1932

20. UNDERTAKER
Eli Bell

ADDRESS
Fulton, Mo.

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.

Aug 2 1932

