

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

Do not use this space.

34894

11

PLACE OF DEATH

County Beechman Registration District No. 86
 Townships Washington Primary Registration District No. 5127
 City Industrial City Industrial City St. _____ Ward)

2. FULL NAME

Arzelia Myrtle Reece
 (a) Residence, No. Industrial City Ward. _____ (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 Female 4. COLOR OR RACE whit 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Charles Reece

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 24 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 8 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Cody MO

13. NAME Ben. Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

15. MAIDEN NAME Arzelia Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) Charles Reece
218 2010

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 11/28 '32

19. UNDERTAKER (ADDRESS) Stigley - Stang 7. H.
718 33 1/2

20. FILE NO. 26 15 39

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 25 - 1932
12/25 - 1932

22. I HEREBY CERTIFY That I attended deceased from 11/25 - 12/25 - 1932, to 11/25 - 12/20 - 1932.
 I last saw him alive on 11/25/32, 1932. Death is said to have occurred on the date stated above, at 12:30 p. m.

The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart Disease asthma

Other contributory causes of importance: 924 90A

Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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? _____
 If so, specify _____

(Signed) J. J. Stamey, M. D.
 (Address) 2624 St. Joseph Ave

Registrar

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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