

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

Do not use this space.

40779

**1. PLACE OF DEATH**

70 County Montgomery Registration District No. 595  
Township North Primary Registration District No. 2797  
City Wellsville (No. ....) St. .... Ward .....

File No. ~~18000~~  
Registered No. 18

**2. FULL NAME**

James R. Ree  
(a) Residence No. .... St. .... Ward .....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (OR) WIFE OF <u>Widower</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct - 17 - 1852</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>2</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper, etc. <u>Retired farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Same</u>		
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>Balloups to Mo</u>		
13. NAME <u>James Ree</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Dont Brown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Brown Mo</u>		
17. INFORMANT (ADDRESS) <u>J. M. Rodde near Wellsville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>High Spring</u> DATE <u>12 - 27 - 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Wellsville Mo</u>		
20. FILED <u>Dec 26 1932</u> <u>Mo</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1929, to Dec 26, 1932  
I last saw him alive on 12-24, 1932 Death is said to have occurred on the date stated above, at 12:00 pm  
The principal cause of death and related causes of importance were as follows:  
Pneumonia  
Influenza  
Chronic Interstitial nephritis  
Arterio-sclerosis

Date of onset  
12/20/32  
12/18/32

Other contributory causes of importance  
Chronic Interstitial nephritis  
Arterio-sclerosis

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? .....

Where did injury occur? .....

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury 1

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....

(Signed) Andrew A. Markovchuk  
(Address) Wellsville 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.

WRITE FULLY, WITH SURFACING INK—THIS IS A PERMANENT RECORD

