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

Do not use this space.

6595

74 13 6

1. PLACE OF DEATH
County Nodaway Registration District No. 630
Township Meade Primary Registration District No. 4380
City Skidmore Mo (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Mary E. Reese

(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 37 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 20 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	71	11	2	

OCCUPATION

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

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) None

11. Total time (years) spent in this occupation D. K.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Moines Co Iowa

FATHER

13. NAME John Jones

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

MOTHER

15. MAIDEN NAME Agnes Bolick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Mrs. L. J. Reese Skidmore, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. Graham Mo DATE 2-24 1933

19. UNDERTAKER (ADDRESS) K. P. E. Kelly & Son Skidmore Mo

20. FILED Mar 1 1933 Dr. J. E. Manning Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1932 to Feb 22 1933

I last saw h[er] alive on Feb 22 1933. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic interstitial Nephritis	
Aortic insufficiency	
131	
97 A 28	
131	

Other contributory causes of importance:
uremic coma

Name of operation — Date of .....
What test confirmed diagnosis? Chemical 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? .....
If so, specify .....

(Signed) J. E. Manning, M. D.
(Address) Feb 23 33 Skidmore 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.