

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

Do not use this space.

8823

1. PLACE OF DEATH

County Cedar
Township Cedar
City (No.) (Ward.)

Registration District No. 163
Primary Registration District No. 5232

File No.
Registered No. 24 (Ward.)

2. FULL NAME

Angeline E. Reely

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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 H. Reely</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 27-1893</u>		
7. AGE	YEARS <u>39</u>	MONTHS <u>3</u>
	DAYS <u>13</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
MOTHER	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) Ills

MOTHER FATHER 13. NAME Willis Reeves

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

15. MAIDEN NAME Martha Wade

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

17. INFORMANT Robert H. Reely
(ADDRESS) Cedar Springs, Mo. R. 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hackleman DATE 3/22 1933

19. UNDERTAKER Swinn-Sides
(ADDRESS) Elwood Springs, Mo

20. FILED 321 1933 J.W. Dawson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-20 1933

22. I HEREBY CERTIFY, That I attended deceased from March 20 1933 to March 20 1933
I last saw him alive on March 20 1933. Death is said to have occurred on the date stated above, at 11:45 P. m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
82A 82W
Other contributory causes of importance:

Date of onset
March 20

Name of operation

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

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) W. B. Reynolds, M. D.
(Address) Elwood Springs

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 24 1933

7350
2
2
2

