

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.

MAY 22 1933

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

Do not use this space.

10456

1. PLACE OF DEATH
 County New Madrid Registration District No. 607
 Township Portageville, Mo. Primary Registration District No. 4361
 City Portageville, Mo. (No. _____, St. _____, Ward _____)

2. FULL NAME Ben Reese
 (a) Residence, No. about St., _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 3 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

File No. 19
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 4. COLOR OR RACE Black
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 40

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for V. L. Jackson (Colored Restaurant)

10. Date deceased last worked at this occupation (month and year) About 3 mos. 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Louis Maul
 (ADDRESS) Portageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville Cemetery DATE March 15th, 33

19. UNDERTAKER (ADDRESS) Portageville, Mo.

20. FILED 4/10 19 33 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15th 19 33

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Died suddenly, and upon consultation with the County Coroner of New Madrid County, Missouri, and all information gather it was an attack of the heart. Died before a doctor could arrive. Had been ailing with the trouble three weeks before he died.
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? none 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 None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify NO
 (Signed) [Signature] Local Reg. [Signature]
 (Address) Portageville, Mo.

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