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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 91 File No. 21490

Township ..... Primary Registration District No. ..... Registered No. 5279

City St. Louis, Mo. (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME William Vester Reese

(a) Residence, No. 5829 Theodosia St., 63 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary M. Reese

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 23, 1872

7. AGE: YEARS 60 | MONTHS 5 | DAYS 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown
10. Date deceased last worked at this occupation (month and year): Mar. 1928
11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

FATHER

13. NAME: James H. Reese
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tennessee

MOTHER

15. MAIDEN NAME: Jane Vance
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tennessee

17. INFORMANT (ADDRESS): Orr Mullinax M. D. 5300 Arsenal

18. BURIAL, CREMATION, OR REMOVAL: Lakewood Park, Salem Methodist
PLACE ..... DATE June - 15, 1933

19. UNDERTAKER (ADDRESS): A. H. McLaughlin 1631 Missouri Ave.

20. FILED JUN 16 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6 - 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1928, to 6 - 15, 1933

I last saw him alive on 6 - 15, 1933 Death is said to have occurred on the date stated above, at 2:45 p.m.

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

	Date of onset
936 Chronic Myocarditis	5-21-28
107 Broncho-pneumonia	6-14-33
96	

Other contributory causes of importance:

Presenile Psychosis	May 21, 1928

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. & Clinical 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) Orr Mullinax, M. D.

(Address) 5300 Arsenal