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.

SEP 26 1933

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

Do not use this space.

28641

1. PLACE OF DEATH
County Webster
Township East Benton
City ..... (No. ..... St. ..... Ward)

Registration District No. 898
Primary Registration District No. 6203

File No. .....
Registered No. 13

2. FULL NAME George W Reece
(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 4 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~~ Myrtle Reece

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-29-1883

7. AGE YEARS 49 MONTHS 3 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miner by trade
10. Date deceased last worked at this occupation (month and year) 1929
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mountain View Mo.

FATHER
13. NAME J P Reece
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Emily Green
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Myrtle Reece Fordland Mo

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
PLACE Fordland Cem DATE Aug 25 1933

19. UNDERTAKER (ADDRESS) Kelley Stars Fordland Mo

20. FILED 8-24 1933 John W. Goodman Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1933, to Aug 20, 1933
I last saw him alive on Aug 15 2, 1933. Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	Dont Know
	23 P
	92 P

Other contributory causes of importance: Pulmonary Tuberculosis (Miners) 6 years

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? Yes
If so, specify Miner
(Signed) E C Haile, M. D.
(Address) Rogersville Mo.