MAR 24 1934

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

Do not use this space.

File No. 5636

Registered No.

1. PLACE OF DEATH

County Livingston — Registration District No. 508

Township — Primary Registration District No. 3126

City Chillicothe (No. ..., ..... St. ..... Ward)

2. FULL NAME John P. Reeser

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

Length of residence in city or town where death occurred yrs. mos. 3 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*): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1871

7. AGE: Years 63 | Months 1 | Days 12 | 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. /

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) Mo

FATHER

13. NAME Monroe Reeser

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

MOTHER

15. MAIDEN NAME Sarah Passmore

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

17. INFORMANT Fred Eberlin
(ADDRESS) Braymer, Mo

18. BURIAL, CREMATION, OR REMOVAL.
PLACE Breckenridge DATE Feb. 15, 1934

19. UNDERTAKER B. F. Mead
(ADDRESS) Braymer, Mo

20. FILED Feb. 17, 1934 Donald W. Daniel
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1934, to Feb 13, 1934

I last saw him alive on Feb 13, 1934. Death is said to have occurred on the date stated above, at 4:30 p. m.

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

| | Date of onset |
|---|---|
| Heart decompensation | |
| | |
| | |
| | |

Other contributory causes of importance:
acute Cholecystitis

Name of operation no Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

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? no
If so, specify

(Signed) R. F. Brennan, M. D.
(Address) Chillicothe, 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.