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.

JUN 20 1934

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 15889
Township — Primary Registration District No. 1001 — Registered No. 643
City St. Joseph, (No. 2522 Jule St. Ward)

2. FULL NAME Frances Ann Reese,
(a) Residence, No. 2522 Jule St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: William E. Reese,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 19.1863
7. AGE: YEARS 70 — MONTHS 9 — 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. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) May 1934
11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Onawa, Iowa

FATHER
13. NAME: Richard Reese,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Wales,

MOTHER
15. MAIDEN NAME: Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

17. INFORMANT (ADDRESS): William E. Reese 2522 Jule Street,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Turin, Iowa DATE June 3rd 1934
19. UNDERTAKER (ADDRESS): Heaton Bergold & Bowman Funeral Home 319 So. 10th. St.
20. FILED 6-2- 1934 John R. Bentley Registrar

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1934
22. I HEREBY CERTIFY, That I attended deceased from 5/9/34, 19..., to 5/31/34, 19...
I last saw her alive on 5/31/34, 19... Death is said to have occurred on the date stated above, at 8:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Chronic Myocarditis	?
936	
57	
93	

Other contributory causes of importance:

Chr. Arthritis	1918?

Name of operation none Date of
What test confirmed diagnosis? Phys. Ex. 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C. H. Wallace Jr., M. D.
(Address) St. Joseph Mo 301 N 8