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

Do not use this space.

File No. 15955
Registered No. 116

1. PLACE OF DEATH

County: Callaway — Registration District No. 104
Township: ~~Fulton~~ — Primary Registration District No. 3008
City: Fulton (No. ..., ... St. ... Ward)

2. FULL NAME Lydia Jane Reese

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

Length of residence in city or town where death occurred 1 yrs. 8 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): d. k

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
54	d. k	d. k	

OCCUPATION

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

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): d. k

11. Total time (years) spent in this occupation: d. k

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): d. k / Missouri

FATHER

13. NAME: d. k

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): d. k / d. k

MOTHER

15. MAIDEN NAME: d. k

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): d. k / d. k

17. INFORMANT (ADDRESS): State Hospital #1 / Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Indian Creek DATE: 5-28, 1934

19. UNDERTAKER (ADDRESS): Grace Bankhead / Bowling Green, Mo

20. FILED: May 28, 1934 (R. N. Creason) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to 5-27, 1934

I last saw her alive on 5-26, 1934. Death is said to have occurred on the date stated above, at 3:40 m.

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

	Date of onset
General Paralysis	
Loss of Insane	
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Other contributory causes of importance: arterio-sclerosis

Name of operation: ... Date of: ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

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) Joseph Balg, M. D.
(Address) State Hospital #1 / Fulton, 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.

JUN 20 1934