

WRITE CLEARLY, 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.

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

Do not use this space.

42788-A

OCT 23 1935

1. PLACE OF DEATH

County Iron
Township Wichita
City Annapolis (No. _____)

Registration District No. 390
Primary Registration District No. 5545

File No. _____
Registered No. 10
St. _____ Ward _____

2. FULL NAME

Jasper Addison Reese

(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 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 Fannie Reese

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25th 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 11 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
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) 1928 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamson Co. Illinois

FATHER 13. NAME Frank Reese

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

MOTHER 15. MAIDEN NAME Louise White

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

17. INFORMANT Villa Reese (ADDRESS) Annapolis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dec 8, 1934 Annapolis, Mo.

19. UNDERTAKER White & Son (ADDRESS) Annapolis, Mo.

20. FILED 8-10 1935 B. C. Gumbert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-6, 1934, to 12-6, 1934

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 12:40 P. M.

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

Crack of Hemorrhage Date of onset 12-6-34
Spontaneous

Other contributory causes of importance:

Hypertension

Name of operation None Date of _____

What test confirmed diagnosis? None 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? No

If so, specify _____

(Signed) Clayton Wash, M. D.

(Address) Princeton, Mo.

117366