

WRITE PLAINLY, 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.

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

Do not use this space.

MAR 17 1936

5016

1. PLACE OF DEATH

County Cass Registration District No. 158
Township Raymond Primary Registration District No. 5223
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Mrs. Augusta Rees
(a) Residence, No. _____ St. _____ Ward Grandview, 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/18, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1935, to Feb 18, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13, 1852

I last saw him alive on 2-14, 1936. Death is said to have occurred on the date stated above, at 8 P m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 5 5

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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 _____

Chronic Bright's disease.

12. BIRTHPLACE (CITY OR TOWN) Auburn (STATE OR COUNTRY) Indiana

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME Paris Sewitt

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

15. MAIDEN NAME unknown

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

17. INFORMANT Mrs. Harry Nicely (ADDRESS) Raymond, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Raymond, Mo. DATE Feb. 20, 1936

19. UNDERTAKER B. K. George & Sons (ADDRESS) Belton, Mo.

20. FILED Feb 20, 1936 Mrs. Gertrude Jeter Registrar.

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) R. M. Miller, M. D.
(Address) Belton, Mo.

