

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

Do not use this space.

26432

1. PLACE OF DEATH

County Jackson Registration District No. 396
Township Fort George Primary Registration District No. 5552
City (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

Hiram M Reach

(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 Anna Lee Reach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 14

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) Jackson Co Mo

13. NAME Charlie Reach

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

15. MAIDEN NAME Martha Dedson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

17. INFORMANT Charlie Reach
(ADDRESS) 121 1/2

18. BURIAL, CREMATION, OR REMOVAL PLACE 1 1/2 mile Cem DATE 9-8-1936

19. UNDERTAKER Vernon M Reppert
(ADDRESS) Buckner Mo

20. FILED Aug 10 1936 H. W. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-5, 1936, to 7-6, 1936

I last saw him alive on 7-5, 1936 Death is said to have occurred on the date stated above, at P. A. m.

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

Aortic regurgitation Date of onset

Other contributory causes of importance:

Name of operation 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 D

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) J. W. ... M. D.
(Address) ...

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.

