

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

Do not use this space.

23653

1. PLACE OF DEATH

County Tanner Registration District No. 875
 Township Wesington Primary Registration District No. 6162
 City (No. _____) St. _____ Ward _____

2. FULL NAME

Rector, R. Rea
 (a) Residence, No. Mo. Hospital # 7 St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 8 yrs. 9 mos. 23 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) divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kate Myrtle (Falls) Rea

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
59 10 17

OCCUPATION 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. chronic indolent
 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) Mo.

FATHER 13. NAME Rott, D. Rea

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

MOTHER 15. MAIDEN NAME Kate Roller

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

17. INFORMANT Ed. J. Rea - 929 W. 32 St. Kansas City Mo.
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrollton DATE MO 7-26-36

19. UNDERTAKER Ferry Funeral Home Nevada Mo.
 (ADDRESS)

20. FILED 7-26 1936 M. Cushing Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1936

22. I HEREBY CERTIFY That I attended deceased from Oct. 23, 1927 to July 26, 1936

I last saw him alive on Oct 23, 1927 Death is said

to have occurred on the date stated above, at 5 a. m.

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

Sen. paralysis of the insane Date of onset 1926
(syphilis of the C.N.S.)
73

Other contributory causes of importance:
Myocardial insufficiency 2

Name of operation none 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 _____

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

If so, specify _____

(Signed) J. T. O'Fallon M. D.

(Address) Nevada, 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.

