

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

Do not use this space.

30625

**1. PLACE OF DEATH**

County Green  
Township Green  
City Springfield Mo

Registration District No. 318  
Primary Registration District No. 200

File No. \_\_\_\_\_  
Registered No. 7571  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Washington Olney Reser Ward. \_\_\_\_\_  
(Usual place of abode) Wheatland Mo

(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 M 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Reser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
51 6 17

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Doctor M.D.

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) Missouri

13. NAME W. F. Reser

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

15. MAIDEN NAME Cynthia Morgan

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

17. INFORMANT J. L. Reser (ADDRESS) Orle Camp. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fisher Cem DATE 9/2/36

19. UNDERTAKER Fischer Funeral Home (ADDRESS) Wheatland, Mo

20. FILED 8-31-1936 Dr Chas a George Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1936, to Aug 31, 1936.

I last saw him alive on Aug 31, 1936 Death is said to have occurred on the date stated above, at 2:30 p.

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

Other contributory causes of importance:  
Jaundice

Name of operation Removal of Gall Stones Date of Aug 31-36

What test confirmed diagnosis? Exam. operation 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. L. Johnston M. D.  
(Address) Springfield, Mo.

Every member of the family should be carefully supervised. 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.

SEP 21 1936

