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.

SEP 25 1936

31609

1. PLACE OF DEATH

County Livingston — Registration District No. 508 — File No.

Township — Primary Registration District No. 3026 — Registered No. 135

City Chillicothe (No. ..., ... St. ..... Ward)

2. FULL NAME Mr. Roscoe C Reeeer

(a) Residence, No. ~~Braymer~~ Hospital St., ... Ward. Braymer, 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. 8 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 Mrs. Nellie Reeeer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) april-11-1882

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
54	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dunevedransfer Co.
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) aug 19 1936
11. Total time (years) spent in this occupation 8 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe, Mo.

FATHER

13. NAME Monoah Reeeer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER

15. MAIDEN NAME Fanny Moody
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. May Eberlin Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ~~Braymer~~ Breckinridge DATE 9-2-1936

19. UNDERTAKER (ADDRESS) B. F. Mead Braymer, Mo.

20. FILED Aug. 31 1936 Donald M. Dowell M.D. 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 22, 1936, to Aug 31, 1936

I last saw him alive on Aug 30, 1936 Death is said to have occurred on the date stated above, at 3a m.

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

	Date of onset
Chronic Cholelithiasis	
~~Chr~~ Surgical Shock	
121	

Other contributory causes of importance:
Chronic Cholelithiasis
Chronic appendicitis.

Name of operation Cholecystostomy Date of Aug 25th
What test confirmed diagnosis? appendectomy 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) Donald M. Dowell M. D.
(Address) Chillicothe, Mo.