

OCT 21 1936

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

Do not use this space.

32121-1

1. PLACE OF DEATH

County St. Clair
Township.....
City Osceola (No.,

Registration District No. 765
Primary Registration District No. 4460

File No.....
Registered No. 30 St. Ward)

2. FULL NAME David Thomas Reese

(a) Residence, No. 20 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Deadman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 7 27

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. farmer
10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

FATHER 13. NAME Joseph D. Reese

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

MOTHER 15. MAIDEN NAME Jane Collins

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

17. INFORMANT Wable Fulvider (ADDRESS) Osceola Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Osceola DATE 8-18 36

19. UNDERTAKER O. S. Hull (ADDRESS) Osceola Mo.

20. FILED 10/10 1936 Ruth Seegers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-17 1936

22. I HEREBY CERTIFY, That I attended deceased from July 19 1936, to Aug. 17 1936. I last saw him alive on Aug. 17 1936. Death is said to have occurred on the date stated above, at 10:45 a.m.

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

Heat Stroke
Partial recovery until
8-15-36 again had
Heat Stroke
Other contributory causes of importance:
Arteriosclerotic Fibrillation

Date of onset

7-19-36

Name of operation..... Date of.....
What test confirmed diagnosis..... Was there an autopsy?.....

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) Robert Wray M.D. (Address) Osceola, 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.

