JAN 29 1937

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

Do not use this space.

File No. 44114

Registered No.

1. PLACE OF DEATH
County: Christian
Registration District No.: 185
Township: Oldfields
Primary Registration District No.: 5208
City: (No. , St. , Ward)

2. FULL NAME: John W. Reese

(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 27 1858

7. AGE: Years 78; Months; Days; If LESS than 1 day, hrs. or min.

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.:
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): Indiana

FATHER
13. NAME: John Reese
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Elizabeth Collins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): James G. Reese, Denver, Colo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sligo
DATE: Dec 25th 1936

19. UNDERTAKER (ADDRESS): T. B. Chaffin, Ozark, Mo.

20. FILED 1-6 1937 Josephine Merritt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 22nd 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1936, to Dec 22nd 1936, I last saw him alive on Dec 20th 1936. Death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	unknown

Other contributory causes of importance: Chronic nephritis

Name of operation: Date of
What test confirmed diagnosis: Physical 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) T. O. Fiser, M. D.
(Address) Esparta, Mo.

CAUSE OF DEATH in hand writing, as shown in Item 22, may be properly classified. Exact statement of OCCUPATION is very important.