

JAN 21 1937

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

Do not use this space.

45621

1. PLACE OF DEATH

County Lepton Registration District No. 609
Township _____ Primary Registration District No. 4363
City Neesho (No. _____) St. _____ Ward _____

File No. _____
Registered No. 135

2. FULL NAME William Benjamin Reece

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eliza Reece

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1936 to Dec 8 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 1870

I last saw him alive on Dec 1 1936 Death is said to have occurred on the date stated above, at 6:45 a.m.

7. AGE YEARS 66 MONTHS 9 DAYS 15 IF LESS than 1 day, hrs. or min.

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

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

Chronic Interstitial Nephritis
Other contributory causes of importance: _____
Date of onset _____

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

13. NAME Levi Reece

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

15. MAIDEN NAME Harrison

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

17. INFORMANT Mrs Eliza Reece (ADDRESS) Neesho Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Navass County DATE 12/10/36

19. UNDERTAKER Bryant's (ADDRESS) Neesho Mo

20. FILED 12-28 1936 Orval A. Dale Registrar.

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) W. H. Reynolds M. D.
(Address) Neesho Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

