

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

Do not use this space.

**FEB 25 1937**

**1495**

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City, Mo. (No. Research Hospital)

Registration District No. 379  
Primary Registration District No. 1002

File No. 8 888  
Registered No. 888  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. Mary E. Reece

(a) Residence, No. 318 Archibald 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<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Harry E. Reece</u> |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 7, 1874</u>                           |                                  |   |
| 7. AGE YEARS<br><u>62</u>   | MONTHS<br><u>3</u>               | DAYS<br><u>9</u>  |
|   |                                  | If LESS than 1 day, _____ hrs. or _____ min.                                |

|            |   |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>At Home</u> |
|            | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>235</u>              |
|            | 10. Date deceased last worked at this occupation (month and year) _____                                       |
|            | 11. Total time (years) spent in this occupation <u>2</u>  |

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

13. NAME John H. Barkley

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

15. MAIDEN NAME Mary Anne Wilker

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

17. INFORMANT Harry E. Reece  
(ADDRESS) 318 Archibald

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt. Washington DATE Jan. 17 1937

19. UNDERTAKER R. V. Lindsey & Sons  
(ADDRESS) 3311 Broadway

20. FILED Jan 18, 1937 M. M. Cronin  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-9, 1937, to 1-16, 1937.  
I last saw her alive on 1-13, 1937. Death is said to have occurred on the date stated above, at 6:45 P.M.

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

Broncho pneumonia 1-9  
10 no  
Myocardial failure 1-15  
Other contributory causes of importance: no

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
Was test to be made? no Was there an autopsy? yes

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. B. Frick M. D.  
(Address) 814 Prof Bldg

WRITE FAIRLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

Dr. Paul Frick  
~~3226 9th St~~ (Honey)  
Professional Bldg  
12 1/2 St