

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

Do not use this space.

MAI 31 1937

1. PLACE OF DEATH
County Scott Registration District No. 821 File No. 17731
Township _____ Primary Registration District No. 4552 Registered No. _____
City Sikeston (No. _____) St. _____ Ward _____

2. FULL NAME Arthur Hayes 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 40 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25-1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 11 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Int. Decorator
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) Mar. 15, 1937 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Wayne County Mo. (STATE OR COUNTRY)

13. NAME Henry Clay Reese

14. BIRTHPLACE (CITY OR TOWN) Wayne Co. Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Sarah Jane Bennett

16. BIRTHPLACE (CITY OR TOWN) Wayne Co. Mo. (STATE OR COUNTRY)

17. INFORMANT Mrs Della Reese (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston, Mo. DATE April 26, 1937

19. UNDERTAKER H. J. Welch (ADDRESS) Sikeston, Mo.

20. FILED 4-29-37 1937 W. H. Orrell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1937
22. I HEREBY CERTIFY That I attended deceased from April 1, 1937, to April 4, 1937.
I last saw him alive on Apr 24, 1937. Death is said to have occurred on the date stated above, at 2:10 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Influenza
Acute Pneumonia
Chor. Myocarditis
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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) Howard M. Hendig, M. D.
(Address) Sikeston, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

