DEC 20 1937

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

Do not use this space.

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1. PLACE OF DEATH
County Jefferson — Registration District No. 421 — File No. 41647
Township [illegible] — Primary Registration District No. 5575 — Registered No. 92
City Hurricane Mill (No. ..... St. ..... Ward)

2. FULL NAME Harlow S. Reeser
(a) Residence, No. 4375 Forest Pk Blvd St. ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ~~Man~~
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 25 1908
7. AGE: 52 — YEARS: 29 — MONTHS: 4 — DAYS: 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solicitor (Adv.)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Radio Equip.
10. Date deceased last worked at this occupation (month and year) Oct 20 1937
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Albany N.Y.

FATHER
13. NAME: Shelley A. Reeser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER
15. MAIDEN NAME: Nellie G. Snyder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): Mrs. Nellie G. Reeser 4375 Forest Pk Blvd.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla, St Louis DATE Nov. 13 1937
19. UNDERTAKER (ADDRESS): Duester & Vinyard Festus Mo.
20. FILED Nov. 12 1937 J. E. Kutledge M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): About Oct. 20, 1937
22. I HEREBY CERTIFY, ~~That I attended deceased from ....., 19..., to ....., 19...~~
~~I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.~~
~~The principal cause of death and related causes of importance were as follows:~~
That I held an inquest on the deceased on Nov. 12, 1937.
Verdict of Jury was death by drowning in the Mississippi River.
Unknown whether accidental or not - Body decomposed -
~~Other contributory causes of importance:~~
~~Name of operation~~ ..... ~~Date of~~ .....
~~What test confirmed diagnosis?~~ ..... Was there an autopsy? No
Date of onset

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) Frank Frazier, Coroner, ~~M.D.~~
(Address) Festus, 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.