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

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

Do not use this space.

1. PLACE OF DEATH
County Charlton — Registration District No. 159 — File No. 2384
Township Brunswick — Primary Registration District No. 4098 — Registered No. 1
City Brunswick (No. ..... St. ..... Ward)

2. FULL NAME ROBERT DALE REESE 200

(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 8 - 1938

7. AGE: YEARS ✓ MONTHS ✓ DAYS ✓ If LESS than 1 day, 5 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Brunswick Mo

FATHER
13. NAME Robt. L. Reese
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Mo.

MOTHER
15. MAIDEN NAME Jennie Bo Lannon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Witt Mo.

17. INFORMANT (ADDRESS) Robt. L. Reese Brunswick Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brunswick Mo DATE Jan 9th 1938

19. UNDERTAKER (ADDRESS) L. M. Reese Brunswick Mo

20. FILED Jan. 9, 1938 Harry E. Tatum, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8, 1938

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 8:15 P m.
The principal cause of death and related causes of importance were as follows:

Premature birth — Date of onset
7 months

Other contributory causes of importance:

159

RECEIVED
FEB 23 1938
BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

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) Harry E. Tatum, M. D.
(Address) Brunswick, Mo.