

REC'D MAR 14 1938

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

5923
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 13
(b) Township Primary Registration District No. 4010 Registered No.
(c) City Savannah (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth yrs. mos. ds.

2. PRINT FULL NAME Ronald Edwin Reece 200

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-29-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as 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) Savannah MD

FATHER 13. NAME Kenneth Reece

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Savannah MD

MOTHER 15. MAIDEN NAME Myrtle Cott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) Kenneth Reece Savannah MD

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE 2-16-38

19. FUNERAL DIRECTOR (ADDRESS) G. C. Kruit Savannah MD

20. FILED Feb 16 1938 Miss A. R. Keagy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15-1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1938 to Feb 15 1938

I last saw him alive on Feb 15 1938 Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

Foreman's Stroke

Date of onset 1-29-38

15 M C

Other contributory causes of importance: at birth

Name of operation Date of
What test confirmed diagnosis Physical Was there an autopsy? No

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) A. P. Kelley M. D.
(Address) Savannah MD

WRITE PERMANENT, WITH OUTFRONTING 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.

STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650
hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. C. Breit

L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed E. C. Breit
Licensed Embalmer No. 2650

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)