

REC'D MAY 17 1938

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

14035

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 35
(b) Township 1 Primary Registration District No. 100
(c) City St. Joseph (d) Street No. Mo Me Hospital Registered No. 396
(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. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Leellia Gertrude Reece 200
(a) Residence, No. Andrew co mo 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 9 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
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) un known Oregon13. NAME J. D. Wright14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew co mo15. MAIDEN NAME Mrs. Alice Carter16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew co mo17. INFORMANT (ADDRESS) Dorrell Reece Savannah mo18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE 4-9-193819. FUNERAL DIRECTOR (ADDRESS) E. C. Breit Savannah mo20. FILED Apr 8 1938 H. J. Kestelbach Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7 193822. I HEREBY CERTIFY, That I attended deceased from March 28 1938, to April 7 1938I last saw her alive on April 6 1938. Death is said to have occurred on the date stated above, at 2:45 A. M.

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

Toxic (Eosinophilic) leptos 66B- 3
Date of onset

Other contributory causes of importance: Thrombotic Myocarditis 3Name of operation Thrombotomy Date of 4/6/38What test confirmed diagnosis? Feb 4 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) W. E. Clann M. D.(Address) St. Joseph mo

WRITE PLAINLY, 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.

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.)