REC'D JUL 14 1938

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

Do not use this space.

21190

1. PLACE OF DEATH
County: Adair
Township:
City: Kirksville (No. , St. Ward)
Registration District No.: 4
Primary Registration District No.: 3001
File No.:
Registered No.: 99

2. FULL NAME: Eda Reese
(a) Residence, No.: 1004 West Monroe St., 2nd. 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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 30, 1873

7. AGE: Years 65 | Months 3 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
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): May 1938
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Schuyler Co. Missouri

FATHER
13. NAME: Abner Fickel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Kentucky

MOTHER
15. MAIDEN NAME: Susan Moorley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Texas

17. INFORMANT: Delbert Reese
(ADDRESS): Kirksville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mulberry DATE: June 6, 1938

19. UNDERTAKER: Dee Riley Funeral Home
(ADDRESS): Kirksville Mo.

20. FILED: June 20 1938 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-17, 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1937, to June 17, 1938.
I last saw her alive on June 10, 1938. Death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	8-2-21

Other contributory causes of importance:
(Chronic arteriosclerosis
Hypertension)

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) R O Sticklen, M. D.
(Address) Kirksville 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.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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1. PLACE OF DEATH
(a) County: Adair — Registration District No.: 4
(b) Township: — Primary Registration District No.: 3001 — Registered No.:
(c) City: Kirksville — (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: Edw Reese
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 30 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
65	2	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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Aug 16 1938 Spencer L. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 17 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw him 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:

	Date of onset

Other contributory causes of importance:

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) R. O. Strickler, M. D.
(Address) Kirksville Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
CAUSE