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.

REC'D SEP 21 1938

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

Do not use this space.

1. PLACE OF DEATH
County Gentry
Township Cooper
City Stanberry Mo (No. ..... St. ..... Ward)

Registration District No. 314
Primary Registration District No. 5429 B

File No. 28875
Registered No. 19

2. FULL NAME Woodford Harrison Reece

(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 73 yrs. 3 mos. ds. 28 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1865-4-11

7. AGE: YEARS 73 | MONTHS 3 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Jan, 1937
11. Total time (years) spent in this occupation 73

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platt County Mo.

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

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

17. INFORMANT (ADDRESS) Otha Reece Stanberry Mo.

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Cooper Cemetery DATE Aug. 10 1938

19. UNDERTAKER (ADDRESS) L. R. Phillips Stanberry Mo.

20. FILED 8-9 1938 C. S. Bernard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1937, to July 27, 1938
I last saw him alive on July 27, 1938. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

Cardiopulmonary Apoplexy — Date of onset 9-14-37

Other contributory causes of importance: Apoplexy

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? no
If so, specify .....
(Signed) D. E. Blackbock, M. D.
(Address) King City, Mo.