

NOV 21 1938

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

34511  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township How Primary Registration District No. 1002  
 (c) City B.C. MO (d) Street No. B.C. Gen Hosp Registered No. 3847  
 (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.  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 2. PRINT FULL NAME Ida Reese  
 (a) Residence, No. 1330 Harrison St.  (If nonresident, give city or town and State)  
 (Omit 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 Ida Reese

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8 1888

7. AGE YEARS 54 MONTHS 5 DAYS 25 If LESS than 1 day, hrs. min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. bookkeeper  
 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) MO

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

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

17. INFORMANT (ADDRESS) Record Clerk B.C. Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE MO 10-3-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) 236 Campbell

20. FILED Dec 3 1938 W. M. Crowe Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-3-38

22. I HEREBY CERTIFY, That I attended deceased from 9-28 1938 to 10-3-38 1938.  
 I last saw him alive on 10-3-38. Death is said to have occurred on the date stated above, at 10/a m.  
 The principal cause of death and related causes of importance were as follows:  
Diabetes  
 Date of onset 59

Other contributory causes of importance:

Name of operation Date of  
 What test confirmed diagnosis? Was there an autopsy? MO

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury  
 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) P. F. DeWanna, M. D.  
 (Address) 111 E. Gen 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.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**