

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

Do not use this space.

10466

DEC'D APR 18 1939

1. PLACE OF DEATH

County Chariton 2
Township Brunswick
City Brunswick (No. _____)

Registration District No. 169
Primary Registration District No. 5235

File No. _____
Registered No. 15 St. _____ Ward _____

2. FULL NAME KENNETH LEE REESE

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 24 - 1939</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAYS
		<u>4</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>None</u>
	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) <u>Brunswick Mo.</u>		
FATHER	13. NAME <u>Robert Reese</u>	<u>0</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brunswick Mo.</u>	<u>0</u>
MOTHER	15. MAIDEN NAME <u>Jennie Bohannon</u>	<u>0</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>De Witt Mo.</u>	<u>0</u>
17. INFORMANT (ADDRESS) <u>Robt Reese Brunswick Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brunswick Mo.</u> DATE <u>Mar 29 1939</u>		
19. UNDERTAKER (ADDRESS) <u>L. W. Geisler Brunswick Mo.</u>		
20. FILED <u>Mar 29 1939</u> <u>Harry E. Tatum</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28 1939

22. I HEREBY CERTIFY, That I attended deceased from March 24 1939 to March 28 1939. I last saw him alive on March 28 1939. Death is said to have occurred on the date stated above, at 3 P. m. The principal cause of death and related causes of importance were as follows:
Premature Birth that develop to a normal child Death on 4th day

Other contributory causes of importance: Mat. Matern Child 4 days old

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) J. L. Teifer, D.O.
(Address) Brunswick 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.

WHILE EARLY IN THIS IS A PERMANENT RECORD

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RECEIVED
District Health Officer No. 8
District File Number 4/11/39
Date Filed 4/11/39