MARGIN RESERVED FOR BINDING

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.

20M-2-19-36 I X7294

DESD JUN 14 1939

730

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

Do not use this space.

18057

3

1. PLACE OF DEATH
County Buchanan
Township Washington
City St. Joseph (No. State Hospital #2. St. Ward)
Registration District No. 85
Primary Registration District No. 1001
File No.
Registered No. 498

2. FULL NAME Clara Rees (Rees)
(a) Residence, No. State Hosp. No 2 St., Inf. Ward. Jackson Co Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 8 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1858
7. AGE YEARS 80 MONTHS 5 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Piano and voice
10. Date deceased last worked at this occupation (month and year) Unknown.
11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Havana Ill. (HAVANA) Illinois.

FATHER
13. NAME Caspar Wistar Rees
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Havana, Ill Illinois.

MOTHER
15. MAIDEN NAME Pamela King
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria Ill Illinois.

17. INFORMANT (ADDRESS) Hosp. Records St. Joseph Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City Mo. DATE May 9 1939
19. UNDERTAKER (ADDRESS) H. O. Sidenfaden & Son. 1802 Union St. St. Joseph Mo.
20. FILED May 9 1939 H. J. Nestlebush P.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1938, to May 9, 1939
I last saw her alive on May 9, 1939. Death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	5-7-39
1070	
Other contributory causes of importance: Senile psychosis	3/7/38

Name of operation None. Date of
What test confirmed diagnosis? Clinical. 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) A. H. Panettiere, M. D.
(Address) State Hosp. No 2 St. Joseph Mo.

Elbert E. Harrington
3258