

REC'D AUG 22 1939

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

25322

Do not use this space.

1. PLACE OF DEATH

(a) Carter Carter Registration District No. 146
(b) Township Pike Primary Registration District No. 3209
(c) or Fremont City (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 Robert Joe Reese

(a) Residence, No. 200 Fremont Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) June 30-1937

7. AGE 2 YEARS MONTHS 15 DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as a 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) Carter Co. Mo. (STATE OR COUNTRY)13. NAME Robert Paul Reese14. BIRTHPLACE (CITY OR TOWN) Butler Co. Mo. (STATE OR COUNTRY)15. MAIDEN NAME Margaret DeBoard16. BIRTHPLACE (CITY OR TOWN) Oklahoma (STATE OR COUNTRY)17. INFORMANT C. Clayton (ADDRESS) Fremont Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Fremont Mo. DATE 7-17-3919. FUNERAL DIRECTOR (NAME) Croy-Leuckel (ADDRESS) Van Buren Mo.20. FILED Aug 10 1939 Jessie D. Schupp Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13-3922. I HEREBY CERTIFY, That I attended deceased from July 13 1939, to _____ 19____.I last saw him alive on July 15 1939. Death is said to have occurred on the date stated above, at 5:00 p.

The principal cause of death and related causes of importance were as follows:

Convulsions
TetanyDate of onset
7-14-39
7-14-39

Other contributory causes of importance:

Rickets

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? No23. 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) Melina Cotton Buckthorpe M. D.(Address) Van Buren Mo.

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 7-15-

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Philip A. Leuchel

Licensed Embalmer No. 2836

P. O. Address.....

Don Buer

RECEIVED

District Health Officer No. 6,

District File Number 839108

Date Filed 8/4/39

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.