

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

NOV 22 1939

1. PLACE OF DEATH  
 County Chariton Registration District No. 169  
 Township Brunswick Primary Registration District No. 4098  
 City Brunswick (No. 1) St.          Ward         

2. FULL NAME Mrs. Paulina Ellen Reese  
 (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 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 35776  
 Registered No. 37

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Henry Reese

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10, 1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>69</u>	<u>7</u>	<u>21</u>	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME James Riley Tate

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark. Knorr

15. MAIDEN NAME Manavia Jane Box

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark. Knorr

17. INFORMANT (ADDRESS) Mrs. Martin Straub Brunswick, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick DATE Oct 2 1939

19. UNDERTAKER (ADDRESS) Myer Funeral Home Brunswick, Mo.

20. FILED Oct 2 1939 Harry C. Tatum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 39 to Oct 1 1939  
 I last saw          alive on Oct 1 1939 Death is said to have occurred on the date stated above, at 5:00 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Coronary thrombosis Date of onset 28 hrs  
(Angina Pectoris)  
 Other contributory causes of importance: Arterio-sclerosis Don't know

Name of operation None Date of           
 What test confirmed diagnosis? Clotted 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) Harry C. Tatum M. D.  
 (Address) Brunswick Mo.

RECEIVED  
District Health Officer No. 8,  
District of Columbia  
Date Filed 11/11/39