

JAN 17 1940

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

Do not use this space.

43075

1. PLACE OF DEATH

County Christian
Township London
City Ozark (No. 1111)

Registration District No. 184
Primary Registration District No. 4110

File No.
Registered No. 53
St. Ward)

2. FULL NAME

Maurice Rees

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Olive Rees

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1938, to Dec 4, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 1872

I last saw him alive on Dec 4, 1939. Death is said to have occurred on the date stated above, at 11 a. m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 67 6 5

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired salaried
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

Valvular Heart Disease

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

Other contributory causes of importance: Arteriosclerosis of whole body

13. NAME Eed J. Rees

Name of operation None Date of

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

What test confirmed diagnosis? Was there an autopsy? No

15. MAIDEN NAME Jennie Fox

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

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

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT Olive Rees (ADDRESS) Ozark Mo

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ozark DATE Dec 6 1939

Manner of injury Nature of injury

19. UNDERTAKER (ADDRESS) F. B. Chappin

24. Was disease or injury in any way related to occupation of deceased? No

20. FILED Jan 5 1940 Laetta Leonard Registrar.

If so, specify

(Signed) J. H. Wade, M. D.
(Address) Ozark Mo

N. B.—Every item of information should be carefully supplied. Age should be stated in years, months and days. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

RECEIVED

District Health Officer No. 6,

District File Number 1410-253

Date Filed JAN 16 1940

JAN 27 1947