

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.

FILED MAR 12 1940

7321

1. PLACE OF DEATH

County Maries

Registration District No. 541

Township Jefferson

Primary Registration District No. 5737

City

(No. 0)

St.

Ward)

2. FULL NAME Emily F. Reesley

(a) Residence, No. 240

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

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

John S. Reesley

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

May 17, 1855.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

84

8

22

OCCUPATION

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

Housewife

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)

Illinois.

FATHER

13. NAME

James Richardson

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

unknown

MOTHER

15. MAIDEN NAME

Mary Taylor

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

unknown

17. INFORMANT J. S. Reesley
(ADDRESS)

High Gate, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Baptist Cem.

DATE Feb. 10, 1940.

19. UNDERTAKER S. G. Licklider
(ADDRESS)

High Gate, Mo.

20. FILED

Mar 11

1940

Mr. Leonard Johnson

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb. 9 19 40

22. I HEREBY CERTIFY, That I attended deceased from
Jan. 19 39 to Feb. 7, 19 40

I last saw her alive on Feb. 7 19 40 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:

Myocarditis

Date of onset
Jan. 39

Other contributory causes of importance:

Chronic Arthritis.

1938

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) William H. Brew M. D.

(Address) St. James, Mo

