

24 1933
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.

539

1. PLACE OF DEATH
17 County Carroll Registration District No. 135
2 Township Carrollton Primary Registration District No. 3010
4 City Carrollton (No. St. Ward)

File No.

Registered No. 7

2. FULL NAME J. G. Rea
(a) Residence, No. 214 South Main St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Lucretia B. Rea

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23, 1847
7. AGE YEARS 85 MONTHS 2 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Booneville (STATE OR COUNTRY) Mo.

FATHER 13. NAME John Rea
14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah Conners
16. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY)

17. INFORMANT Mrs. Milton Standley (ADDRESS) Carrollton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem. DATE Jan. 15, 1933

19. UNDERTAKER Standley Funeral Home (ADDRESS) Carrollton, Mo.

20. FILED 1-14 1933 Mr. E. E. Farham Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13, 1933

22. I HEREBY CERTIFY That I attended deceased from 1-9, 1933, to 1-12, 1933

I last saw him alive on 1-12, 1933. Death is said

to have occurred on the date stated above, at 1:00 P. m.

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

Cerebral Hemorrhage
Hemiplegia (Right)

877
870 J. G. Rea

Other contributory causes of importance:

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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? 20

If so, specify W. E. Alwood, M. D.

(Signed) W. E. Alwood, M. D.

(Address) Carrollton, Mo.

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