

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

Do not use this space.

35888

1. PLACE OF DEATH

County Darwin Co
Township Jenkins
City W.F.R.

Registration District No. 467
Primary Registration District No. 5048

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward Mallet Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Ferriman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 1 19

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Jenks town
(STATE OR COUNTRY) Mo

10. NAME OF FATHER John Ferriman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Myrtia Corman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Mo

14. INFORMANT Ethel Ferriman
(Address) Mallet Mo

15. FILED Dec 9 19 27 R. W. Smart

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7 19 27

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental drowning
caused by car going over high
embankment on deep water.
_____ (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 182
_____ (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

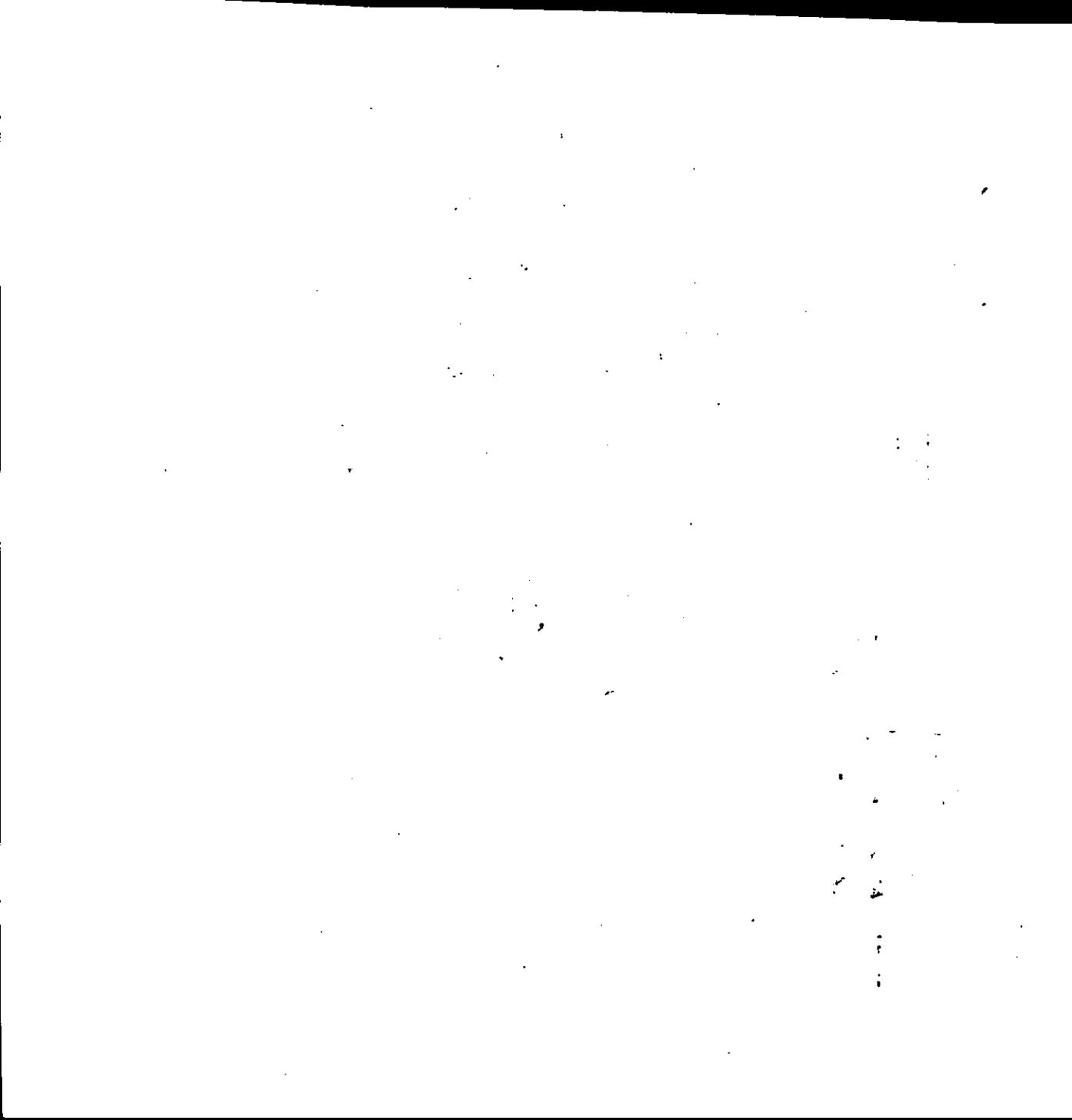
WHAT TEST CONFIRMED DIAGNOSIS: _____
(Signed) R. W. Smart, M. D.
, 19____ (Address) Amara Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL 12/19/27

20. UNDERTAKER Amara Co ADDRESS Amara

PARENTS



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

Com. Barney Registration District No. 29 File No.
Towship Jenkins Primary Registration District No. 5048 Registered No. 60
City (No.) St. Ward)

2. FULL NAME

Harvey Lester Reviman Monett mo
(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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Reviman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 1 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWNSHIP) (STATE OR COUNTRY) Jenkins City mo

10. NAME OF FATHER Wm Reviman

11. BIRTHPLACE OF FATHER (CITY OR TOWNSHIP) (STATE OR COUNTRY) mo

12. MAIDEN NAME OF MOTHER Mrs Ida Corman

13. BIRTHPLACE OF MOTHER (CITY OR TOWNSHIP) (STATE OR COUNTRY) Penn

14. INFORMANT Ethel Reviman (Address) Monett mo

15. FILED Jan 1 1929 Mrs N.R. Williams REGISTRAR

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CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) R. W. Smart, M. D.

, 19 (Address) Aurora

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Jean Cemetery 12/9 19 27

20. UNDERTAKER ADDRESS

King Und & Co Aurora

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

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