

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

Do not use this space.

20969

1. PLACE OF DEATH

County Jasper
 Township Center
 City Centerville (No. Ward)

Registration District No. 407
 Primary Registration District No. 4241

File No.
 Registered No.
 St. Ward)

2. FULL NAME Viola Reaves

(a) Residence. No. 227 East Wilson St.,
 (Usual place of abode)

Ward. Centerville Mo.
 (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 C. A. Reaves)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 21, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 6 3

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

10. NAME OF FATHER J. W. Workman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

12. MAIDEN NAME OF MOTHER Polly Mullins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

14. INFORMANT Mr. C. A. Reaves
 (Address) Centerville Mo.

15. Filed 6-4-28 B. L. Gray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3rd 1928

17. I HEREBY CERTIFY, That I attended deceased from May 24 1928, to June 2 1928, that I last saw her alive on June 2 1928, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia
72 B
108 (duration) yrs. mos. 11 da.

CONTRIBUTORY Latent tb. aroused into activity by pneumonia (SECONDARY) (duration) yrs. mos. 7 da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH 101 W

8 DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. W. Clark M. D.
6/4, 1928 (Address) Centerville, 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

Van Buren Arkansas 6/17/28
 20. UNDERTAKER ADDRESS
Steele Und Co Webb City Mo.

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.

