

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

15-28  
Do not use this space.

JAN 22 1929

40005

1. PLACE OF DEATH  
County Cooper Registration District No. 219  
Township Kelley Primary Registration District No. 5277  
City (No. ) St. Ward  
Registered No. 39 39

2. FULL NAME Marthe Ann Reaves  
(a) Residence. No. St. Ward.  
(Usual place of abode) Length of residence in city or town where death occurred 2 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 J.S. Reaves

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 4 II

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) Cole Co Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Joseph Prine

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

12. MAIDEN NAME OF MOTHER Synthy Prine  
MO

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

14. INFORMANT J.S. Reaves  
(Address) Bunceton MO

15. FILED Jan 7 1929 Hattie Payne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1928 Dec 29

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1928, to Dec 29, 1928, that I last saw her alive on Dec 10, 1928, and that death occurred, on the date stated above, at 4 PM.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Influenza  
11A

CONTRIBUTORY (SECONDARY) (duration) 6 yrs. 6 mos. 4 da.

19. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, DATE OF ✓

DID AN OPERATION PRECEDE DEATH no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? ✓  
(Signed) W. H. Elliott, M. D.  
, 19 (Address) Bunceton 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 Bunceton MO 12.30 28 DATE OF BURIAL 19

20. UNDERTAKER L.G. Parker Bunceton MO ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SECRET

1

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

12-28  
ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH  
 County Copper Registration District No. 219 File No. ....  
 Township Kelley Primary Registration District No. 5299 Registered No. 39  
 City (No. ....) St. .... Ward)

2. FULL NAME Martha Ann Reaves  
 (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 F 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

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

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

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work .....  
 (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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED Jan 7 1929 Hattie Paxton REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1928

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:

..... (duration) ..... yrs. .... mos. .... ds.

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) ....., M. D.  
 , 19 (Address)

\*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  
 19

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

MARGIN RESERVED FOR BINDING

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