JAN 28 1929

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

Do not use this space.

43693

1. PLACE OF DEATH

County: Scotland — Registration District No. 810 — File No. 63

Township: Jefferson — Primary Registration District No. 4488 — Registered No.

City: Memphis (No. ..... St. ..... Ward)

2. FULL NAME Birney O. Reeves

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 2, 1925

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	3	0	28	

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) Keokuk, Ia
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Birney O. Reeves

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lancaster, Mo.
(STATE OR COUNTRY) Schuyler County

12. MAIDEN NAME OF MOTHER Lois Irene Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Granger
(STATE OR COUNTRY) Scotland County, Mo.

14. INFORMANT Birney O. Reeves
(Address) Memphis Mo.

15. FILED 1/1, 1929 E. E. Parrish
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 30th 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1928, to Dec 30, 1928 that I last saw h. alive on Dec 30, 1928, and that death occurred, on the date stated above, at 3:15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia accompanied with Pleurisy

11A

108 (duration) ..... yrs. ..... mos. 8 ds.

110B

CONTRIBUTORY (SECONDARY) Flu

(duration) ..... yrs. ..... mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? — DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? —

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

12/31, 1928 (Address) Memphis 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 Memphis cemetery — DATE OF BURIAL 1/1 1929

20. UNDERTAKER H. W. Payne & Son — ADDRESS Memphis

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.