14
DEC 18 1929
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7

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

Do not use this space.

36513

1. PLACE OF DEATH
County Callaway — Registration District No. 104 — File No.
Township — Primary Registration District No. 3008 — Registered No. 240
City Fulton (No. ..... St. ..... Ward)

2. FULL NAME Lee R. Reaves
(a) Residence. No. Sedalia Mo RFD. St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Mary Reaves

6. DATE OF BIRTH (MONTH, DAY AND YEAR): No information

7. AGE: Years 54 — Months + — Days + — If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: No informant
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): No information
12. MAIDEN NAME OF MOTHER: No information
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): No informant

14. INFORMANT: State hospital records
(Address): Fulton Mo —

15. Nov 25 1929 R. N. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 25 - 1929

17. I HEREBY CERTIFY, That I attended deceased from July, 1927, to Nov. 25, 1929 that I last saw him alive on Nov. 24, 1929, and that death occurred, on the date stated above, at 5:45 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
231
85
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? -
DID AN OPERATION PRECEDE DEATH? No DATE OF -
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symps
(Signed) T. R. Frazer, M. D
11/25, 1929 (Address) Fulton State hospital

*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: Sedalia Mo — DATE OF BURIAL: 11-27 1929

20. UNDERTAKER: Herndon Taylor — ADDRESS: Fulton Mo

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.