

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

Do not use this space.

1824

1. PLACE OF DEATH

County Livingston Registration District No. 508
Township Chillicothe Primary Registration District No. 5674
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 131

2. FULL NAME Mary Ann Reeves

(a) Residence. No. 8 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 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 William Reeves

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 22 1972

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>67</u>	<u>1</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Livingston (STATE OR COUNTRY) MO

10. NAME OF FATHER Charlie Slover

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

12. MAIDEN NAME OF MOTHER Lizzie Dennis

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

14. INFORMANT Mrs Perry Myers (Address) Chillicothe MO

15. FILED 1/14, 1930 Reuben Barney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1929, to Nov 19, 1929, and that that I last saw h. ex. alive on August 27, 1929, and that death occurred, on the date stated above, at 4 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Disease Heart - 92A

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF ✓

WAS THERE AN AUTOPSY? NO Symptoms

WHAT TEST CONFIRMED DIAGNOSIS Personal history and

(Signed) Reuben Barney, M. D.

1/14, 1930 (Address) Chillicothe 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 Christison Cem. DATE OF BURIAL 1-15-1930

20. UNDERTAKER FB Norman Chillicothe ADDRESS

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.

57
191823

10