

APR 30

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

Do not use this space.

11287

1. PLACE OF DEATH

County Union Registration District No. 796  
Township Marshall Primary Registration District No. 3038  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Stella Reeves

(a) Residence, No. Stockton Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 12, 1907</u>		
7. AGE	YEARS	MONTHS
	<u>22</u>	<u>9</u>
		DAY
		<u>6</u>
	IF LESS than 1 day, _____ hrs. or _____ min.	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work non-custodial care  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stockton Mo  
(STATE OR COUNTRY) Cedar Co.

PARENTS	10. NAME OF FATHER <u>Wm. H. Reeves</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Sifton Mo.</u> (STATE OR COUNTRY) <u>Mo.</u>
	12. MAIDEN NAME OF MOTHER <u>Martha Wade</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Plymouth Ill</u> (STATE OR COUNTRY)

14. INFORMANT State School Records  
(Address) Marshall Mo

15. FILED 3-23 1930 Mrs. John H. McGuire  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-18 1930  
17. I HEREBY CERTIFY, That I attended deceased from Dec. 19 1927, to Mar. 18 1930, and that that I last saw her alive on Mar. 18 1930, and that death occurred, on the date stated above, at 5:45 P.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Influenza + Pneumonia (Star)  
11A  
108 (duration) yrs. mos. 3 ds.  
CONTRIBUTORY (SECONDARY) 11A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
0 DID AN OPERATION PRECEDE DEATH. no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? yes  
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
(Signed) M. R. Goff, M. D.  
3-18 1930 (Address) Marshall 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 <u>State School Cemetery</u>	DATE OF BURIAL <u>3-20 1930</u>
20. UNDERTAKER <u>Campbell &amp; Co</u>	ADDRESS <u>Marshall Mo.</u>

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

