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.

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

Do not use this space.

25514

1. PLACE OF DEATH
County Saline
Township Elmwood
City Elmwood Mo (No. ..... St. ..... Ward)
Registration District No. 793
Primary Registration District No. 6036
File No. .....
Registered No. 51

2. FULL NAME Adolphus Perry Reager
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~ Isabelle Reager

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29 - 1854

7. AGE: YEARS 75 | MONTHS 10 | DAYS 26 | 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) near Monroe City Mo
(STATE OR COUNTRY) Marion Co

PARENTS
10. NAME OF FATHER Absolam Reager
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Caroline Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marion Co. Mo
(STATE OR COUNTRY)

14. INFORMANT Mrs. G. E. McDaniel
(Address) Sedalia Mo

15. FILED July 3, 1930. E. Steinbrueck. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1930

17. I HEREBY CERTIFY, That I attended deceased from June 23 1930, 19..., to June 28, 1930 that I last saw h... alive on June 28, 1930, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal Intussusception
12 ½ h
16 ½ (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Senility
..... (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
(Signed) L. S. James, M. D
, 19 (Address) Blackburn, 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: Fairview Cemetery
DATE OF BURIAL: 6/31 1930

20. UNDERTAKER: R. C. Carter Sedalia Mo
ADDRESS