

SEP 24 1930

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

Do not use this space.

1. PLACE OF DEATH

County Cedar
Township Box
City (No.)

Registration District No. 163
Primary Registration District No. 5228

File No. 26139
Registered No. 37
St. Ward

2. FULL NAME

Arcade E 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug-22 1930

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

17. I HEREBY CERTIFY, That I attended deceased from April 6 - 1930, to Aug 22 - 1930, that I last saw her alive on Apr 6 - 1930, and that death occurred, on the date stated above, at 11 45 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-8-1844

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 8 15

97
(duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) 910
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Ills
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF BIRTH

10. NAME OF FATHER James Bowman

DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Dawson, M. D.

12. MAIDEN NAME OF MOTHER Arcade Slurgie

923, 1930 (Address) El Dorado Spgs

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) A.C
(STATE OR COUNTRY)

*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.

14. INFORMANT Henry Reeves
(Address) Cedar Springs, Mo. R.I.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mound Cemetery DATE OF BURIAL 8/24 1930

15. FILED 8-23 1930 J. W. Dawson
REGISTRAR

20. UNDERTAKER Pharms-Siders Eldorado Spgs. Mo

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.

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