

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

Do not use this space.

21813

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township Marton Primary Registration District No. 2080
City Carthage St. _____ Ward _____

File No. _____
Registered No. _____

2. EDGE NAMES

Lewis "Ben" Reeves
(a) Residence, No. 626 Walnut St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 - 1931
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or 25 min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 160E
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 158
10. Date deceased last worked at this occupation (month and year) May
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Mo.

13. NAME Roy Reeves

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Henretta Knight

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Roy Reeves Carthage Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nudman Cemetery 6-15-31

19. UNDERTAKER (ADDRESS) Werner - Drake Carthage Mo.

20. FILED June 15 1931 O. H. Hetcham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1931
22. I HEREBY CERTIFY, that I attended deceased from June 14, 1931, to June 14, 1931
I last saw h. J. M. alive on June 14, 1931. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

Preced delivery
Heart tones present on delivery
Respiration failed to respond to all methods of stimulation
Other contributory causes of importance: _____
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Ernest J. McEwen, M. D.
(Address) Carthage 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.

JUN 25 1931

