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.

OCT 21

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

Do not use this space.

37328

1. PLACE OF DEATH

County Dunklin — Registration District No. 290 — File No.

Township Salem — Primary Registration District No. 5408 — Registered No. 56.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME John S 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

3. SEX: Male
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~~: Martha Reeves

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 18 1863

7. AGE: YEARS 67 — MONTHS 0 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

FATHER

13. NAME: Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER

15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Martha Reeves

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE McGrew Cem DATE Nov 16 1931

19. UNDERTAKER (ADDRESS): McDonald Fun Co Senatt Mo.

20. FILED 12-2, 1931 A. Glenn Davis M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16 - , 1931

22. I HEREBY CERTIFY, That I attended deceased from Unattended by, to ....., 19....

I last saw h..... alive on Physician, 19..... Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Hemorrhage due to Pulmonary Tuberculosis

23A

23B

23

Other contributory causes of importance:

Date of onset

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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 no

(Signed) T J Reylon Cor, M. D.

(Address) Kennett Mo