

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

Do not use this space.

**690**

**1. PLACE OF DEATH**

County Franklin Registration District No. 297 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 3016 Registered No. 6  
 City Washington (No. St. Francis Hospital, Washington) Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Sullivan, Mo.  
 (Usual place of abode) \_\_\_\_\_  
 Length of residence in city or town where death occurred yrs. mos. 1 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
16 5 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2

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) Steubenville, Mo

13. NAME Andrew Reeves

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

15. MAIDEN NAME Anna Bettor

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

17. INFORMANT (ADDRESS) Jonie Reeves  
Steubenville, Sullivan Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Steubenville DATE Jan. 21, 1932

19. UNDERTAKER (ADDRESS) Wm. P. Shaffer  
Sullivan, Mo.

20. FILED Jan. 19, 1932 O. K. Munch  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19 Jan., 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1932 to Jan 19, 1932  
 last saw him alive on Jan 19, 1932 Death is said to have occurred on the date stated above, at 7:20 P.M.  
 The principal cause of death and related causes of importance were as follows:

Cerebral spinal meningitis Date of onset Jan 6, 1932

Other contributory causes of importance: unknown

Name of operation Springer procedure Date of Jan 17, 1932  
 What test confirmed diagnosis? Laboratory 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? no  
 If so, specify \_\_\_\_\_

(Signed) R. P. Payne, M. D.  
 (Address) Sullivan Mo.

Supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 14 1932

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