

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.

MAR 24 1932

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

Do not use this space.

5568

1. PLACE OF DEATH
 13 County Newton Registration District No. 615-
 Township Marion Primary Registration District No. 5817.
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Eva Inez Reagy.
 (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 Female 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) Sep. 22nd 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>1</u>	<u>4</u>	<u>22</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Quapaw Oklahoma;
 (STATE OR COUNTRY) 2

10. NAME OF FATHER George Washington Reagy.
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Newton County Mo.
 (STATE OR COUNTRY) 1
 12. MAIDEN NAME OF MOTHER Eva May Jones
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Newton County Mo.
 (STATE OR COUNTRY)

14. INFORMANT George W. Reagy
 (Address) Richmond, Mo.

15. FILED 15, 1932 U. S. Chapman.
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 14th 1932
 17. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1932, to February 14th, 1932, that I last saw her alive on February 14th, 1932, and that death occurred, on the date stated above, at 11-45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Plural Pneumonia.
11 P
1932
 (duration) _____ yrs. _____ mos. 10 ds.

CONTRIBUTORY Influenza.
 (SECONDARY) (duration) _____ yrs. _____ mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF (1)
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS none
 (Signed) U. S. Chapman., M. D.
Feb 15, 1932. (Address) Diamond 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 Diamond Cemetery DATE OF BURIAL 2-16-1932
 20. UNDERTAKER J. C. Sutter & Bigham ADDRESS Diamond Mo.

