

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

Do not use this space.

7206

1. PLACE OF DEATH *Bright*  
 County *Hart* Registration District No. *906*  
 Township *Hart* Primary Registration District No. *4547*  
 City *Hartsville* St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME *Marren Reeves*  
 (a) Residence, No. *45* St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX *male* 4. COLOR OR RACE *negro* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF *Matilda Reeves*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 15, 1856*  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*75 8 11*  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Farmer*  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation *48*  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Smith Co. Tennessee*  
 13. NAME *Joe Cyrus Reeves*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Smith Co. Tennessee*  
 15. MAIDEN NAME *Susan Payne*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Smith Co. Tennessee*  
 17. INFORMANT *Mrs Matilda Reeves*  
 (ADDRESS) *Hartsville, Mo.*  
 18. BURIAL PLACE *Denton Tenn* DATE *Mar 2, 1932*  
 19. UNDERTAKER *None*  
 (ADDRESS)  
 20. FILED *Apr 7, 1932* *Malcol Bean*  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 29, 1932*  
 I HEREBY CERTIFY that I attended deceased from *Feb 2nd to 3rd Feb 20*  
 I last saw him alive on *25th Feb 32* Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
*Chronic Cystitis* Date of onset \_\_\_\_\_  
*Bladder*  
*31 Nephritis (interstitial)*  
*80% Kidneys*  
 Other contributing causes of importance:  
*Asplenic*  
 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 related to occupation of deceased? *Yes*  
 If so, specify \_\_\_\_\_  
 (Signed) *J. Murrell* M. D.  
 (Address) *Hartsville, 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.

APR 30 1932

