

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

Do not use this space.

11292

1. PLACE OF DEATH
 104 County Stone Registration District No. 842
 Township Primary Registration District No. 4597
 6 City Granville (No.) St. Ward
 2. FULL NAME Laura C. Reavis
 (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 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No.
 Registered No.
 St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 1851
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 3 3
 OCCUPATION 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.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31 1932
 I HEREBY CERTIFY, That I attended deceased from Jan 1 1930 to Mar 31 1932
 I last saw her alive on 3-30, 1932 Death is said to have occurred on the date stated above, at 6455 G.
 The principal cause of death and related causes of importance were as follows:
Degeneration of spinal cord Date of onset 2 yrs
81A
 Other contributory causes of importance: 81 (D)
 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 J. R. Drayton M. D.
 (Signed) W. C. Drayton
 (Address)

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn 2
 FATHER 13. NAME W. Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31
 15. MAIDEN NAME Elvira J. Capps
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn 2
 17. INFORMANT Mrs Geo. Byson
 (ADDRESS) Boston Mass
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Grave DATE 4-1 32
 19. UNDERTAKER W. C. Drayton
 (ADDRESS)
 20. FILED 4-2 1932 Mrs Ethel Duggitt
 Registrar

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

