

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.

JUL 26 1932

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

Do not use this space.  
*W. J. ...*  
**20355**  
File No. \_\_\_\_\_  
Registered No. **88** St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**  
 178 County Camden Registration District No. 651  
 Township Little Prairie Primary Registration District No. 8862  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Albert Reves  
 (a) Residence, No. \_\_\_\_\_ 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**

<b>3. SEX</b> <u>male</u>	<b>4. COLOR OR RACE</b> <u>white</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <u>married</u>
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>Mrs. Albert Reves</u>		
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>7-12-1910</u>		
<b>7. AGE</b>	<b>YEARS</b> <u>21</u>	<b>MONTHS</b> <u>10</u>
	<b>DAYS</b> <u>27</u>	<b>IF LESS than 1 day, hrs. or min.</b> <u>8</u>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>Farmer</u>	
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b> <u>Farmer</u>	
	<b>10. Date deceased last worked at this occupation (month and year)</b> <u>May 1932</u>	
	<b>11. Total time (years) spent in this occupation</b> <u>8</u>	
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Mo</u>		
<b>MOTHER</b>	<b>13. NAME</b> <u>R. L. Reves</u>	
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Missouri</u>	
	<b>15. MAIDEN NAME</b> <u>Myrtle Knight</u>	
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Mo</u>	
<b>17. INFORMANT (ADDRESS)</b> <u>R. L. Reves Caruthersville Mo</u>		
<b>18. BURIAL, CREMATION, OR REMOVAL PLACE</b> <u>Little Prairie Mo 6-7-32</u>		
<b>19. UNDERTAKER (ADDRESS)</b> <u>Caruthersville Mo.</u>		
<b>20. FILED</b> <u>July 2 1932 Oda Boyer Registrar</u>		

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 6-6-32

**22. I HEREBY CERTIFY**, That I attended deceased from 6-1-32 to 6-6-32, 1932  
 I last saw him alive on June 6, 1932 Death is said to have occurred on the date stated above, at 11-15 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia  
108 108  
 Other contributory causes of importance: ①

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 \_\_\_\_\_  
 (Signed) J. B. Duten M. D.  
 (Address) Caruthersville Mo

'JUN 9 1947