

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

Do not use this space.

23123

**1. PLACE OF DEATH**

County Wasper  
Township Marion  
City Carthage (No. \_\_\_\_\_)

Registration District No. 408  
Primary Registration District No. 3020

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence, No. 1212 N. Mound St., \_\_\_\_\_ Ward.

(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 3 mos. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Reavin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1846

7. AGE YEARS 86 MONTHS 3 DAYS 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County, Missouri

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sarum, England

17. INFORMANT D. A. Reavin (ADDRESS) Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Wask Co cemetery July 15, 1932

19. UNDERTAKER Knell Mortuary (ADDRESS) Carthage, Missouri

20. FILED 7/15 1932 W. H. Ketchum Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1932 to July 12, 1932. I last saw him alive on July 12, 1932. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset (?)  
Atherosclerosis  
Hypertension 151  
930  
97

Other contributory causes of importance Chronic Nephritis (?)

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis physical 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? No

If so, specify \_\_\_\_\_ (Signed) George H. Wood, M. D. (Address) Carthage, Mo.

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 23 1932

