

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

Do not use this space.

31644

1. PLACE OF DEATH Cape Girardeau Registration District No. 125
 County Cape Girardeau Township 2 B Primary Registration District No. 3009
 City Cape Girardeau St. Mo. Ward 2 B
 2. FULL NAME Carl Eugene Reggs
 (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)

File No. _____
 Registered No. 255
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 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) Oct 22-1932
 7. AGE YEARS _____ MONTHS _____ DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.
 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 _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo.
 FATHER 13. NAME Wm H Reggs
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leemo Mo.
 MOTHER 15. MAIDEN NAME Laura Eugie Ochs
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo.
 17. INFORMANT (ADDRESS) Wm H Reggs Cape Girardeau Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Leemo Cemetery DATE Oct 26 1932
 19. UNDERTAKER (ADDRESS) Wm H Reggs Cape Girardeau Mo.
 20. FILED 10/26 1932 Wm H Reggs Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1932
 22. I HEREBY CERTIFY, That I attended deceased from Oct 22 1932 to Oct 25 1932
 I last saw him alive on Oct 25 1932 Death is said to have occurred on the date stated above, at 7:15 p.m.
 The principal cause of death and related causes of importance were as follows:
atelectasis Date of onset 10-22-32
161A
161A
 Other contributory causes of importance: (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 _____
 (Signed) W. A. Schoen M. D.
 (Address) Cape Girardeau Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 22 1932

