

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.

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

Do not use this space.

41100

1. PLACE OF DEATH
 8th County Pike Registration District No. 689
 5 Township _____ Primary Registration District No. 2033
 4 City Louisiana (No. 700 Maryland) _____ St. _____ Ward _____

2. FULL NAME Jim Reeman
 (a) Residence, No. 700 Maryland St. Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 25 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-7-63

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
	<u>69</u>	<u>9</u>	<u>26</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crary 116

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw Ind

13. NAME John P Reeman

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

15. MAIDEN NAME Martha Benson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (?) 31

17. INFORMANT Miriam Reeman
 (ADDRESS) Bowling Green Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenview DATE 12/5 32

19. UNDERTAKER J. O'Healy
 (ADDRESS) Louisiana Mo

20. FILED 12/4 1932 J. O'Healy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-25 32, to 12-3 32, 1932
 I last saw him alive on 12-3 32, 1932. Death is said to have occurred on the date stated above, at 8:32 m.
 The principal cause of death and related causes of importance were as follows:
Asphyxy
and
flu
 Other contributory causes of importance: _____
 Date of onset _____

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. M. Pearson, M. D.
 (Address) Louisiana Mo

