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.

MAR 6 1933

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

Do not use this space.

1. PLACE OF DEATH
104 County Sone — Registration District No. 842 — File No. 4389
Township Pierce — Primary Registration District No. 6104 — Registered No.
City ( ) (No. , St. Ward)

2. FULL NAME Robert Lee Reavis
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX m
4. COLOR OR RACE w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 1933
7. AGE YEARS MONTHS DAYS 3 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) Stone Co Mo

FATHER
13. NAME E N Reavis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone Co Mo

MOTHER
15. MAIDEN NAME Edna Hoffhines
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone Co Mo

17. INFORMANT (ADDRESS) E N Reavis Crane Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshall DATE 1-31 1933
19. UNDERTAKER (ADDRESS) W E Hilton Crane Mo
20. FILED 1-30 1933 Mrs Ethel Doggett Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30 1933
22. I HEREBY CERTIFY, That I attended deceased from 1-27, 1933, to 1-30, 1933
I last saw him alive on 1-30, 1933. Death is said to have occurred on the date stated above, at 8:10 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intestinal Hemorrhage | |
| 1610 | |
| 1610 | |

Other contributory causes of importance:

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 C R Doggett, M. D.
(Address) Crane Mo