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

Do not use this space.

5270

1. PLACE OF DEATH

County: Dunklin — Registration District No.: 283

Township: Boyce — Primary Registration District No.: 3402

City: ..... (No. ..... St. ..... Ward)

File No.: .....

Registered No.: .....

2. FULL NAME: Reba Irene Irene

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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: F

4. COLOR OR RACE: W.

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): Feb. 4 — 1933

7. AGE: Years 0 — Months 0 — Days 0 — If LESS than 1 day, ... hrs. or 5 min.

OCCUPATION

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

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): Mo.

FATHER

13. NAME: Thebert Irene

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark.

MOTHER

15. MAIDEN NAME: Corrie Hallis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark.

17. INFORMANT (ADDRESS): Thebert Irene

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Cardwell — DATE: 2-5- 1933

19. UNDERTAKER (ADDRESS): Hayne Made. Cardwell Mo.

20. FILED: 2/4 1933 Louise Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 4 — 1933

22. I HEREBY CERTIFY, That I attended deceased from Birth 19.., to ....., 19..

I last saw h. alive on Feb. 4 — 1933. 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:

	Date of onset
Premature. Cause unknown.	
1	
1	
1	
1	
1	
1	
1	

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) Eli Bond, M. D.

(Address) Cardwell Mo.

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.