

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.

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

Do not use this space.

1. PLACE OF DEATH  
 County Jackson Registration District No. 299  
 Township Law Primary Registration District No. 299  
 City Kingston City (No. 1311 E 13 St) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Lyvester Reeves  
 (a) Residence, No. 1311 E 13 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.

File No. 16719  
 Registered No. 2216  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown  
 AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work  
 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) Oklahoma  
 FATHER  
 13. NAME Fred Reeves  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma  
 MOTHER  
 15. MAIDEN NAME Mae Foster  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma  
 17. INFORMANT Mrs Carrie Foster  
 (ADDRESS) 1311 E 13  
 18. BURIAL, CREMATION, OR REMOVAL PLACE McWhorter Okla DATE 5-24-33  
 19. UNDERTAKER A B Moore  
 (ADDRESS) 1820 618 st  
 20. FILED May 24 1933 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/21/33 19\_\_\_\_  
 22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_ Death is said to have occurred on the date stated above, 3:30 AM.  
 The principal cause of death and related causes of importance were as follows:  
Gunshot wound of the Chest and abdomen  
Hemothorax  
 Other contributory causes of importance:  
173  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide Accident Date of injury 5/21/33  
 Where did injury occur? 1311 E 13th St, Okla (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Home  
 Manner of injury Injury by firearms  
 Nature of injury Shot in Chest and abdomen  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) [Signature] (Address) [Address]

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