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

Do not use this space.

85

File No. 7866

Registered No. 271

1. PLACE OF DEATH
County Buchanan Registration District No.
Township St Joseph Primary Registration District No. 1001
City St Joseph (No. 2100 Meth Hosp St. Ward)

2. FULL NAME Carl Reeves

(a) Residence, No. 802 Jamain St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23, 1916

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	17	4	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Delivery Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Loss Shoe
10. Date deceased last worked at this occupation (month and year) Reported ill ... spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amity Mo.

FATHER
13. NAME Geo. A Reeves
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amity Mo

MOTHER
15. MAIDEN NAME Mattie Beales
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirksville Mo

17. INFORMANT (ADDRESS) Geo. A. Reeves St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Amity, Mo DATE 3/7 1934

19. UNDERTAKER (ADDRESS) Stingley & Clancy St Joseph

20. FILED 3-7- 1934 John R Bowden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5 1934

22. I HEREBY CERTIFY, That I attended deceased from autopsied on March 5, 1934, to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull (Accidental)	
Shock	

Other contributory causes of importance:
Car overturned & demolished

Name of operation none 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 3/4, 1934
Where did injury occur? Platte County
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Highway
Manner of injury Car overturned
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Forrest Thomas Coroner M. D.
(Address) 731 Faraon

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD