

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

Do not use this space.

21651

1. PLACE OF DEATH

County St. Francois Registration District No. 773
 Township _____ Primary Registration District No. 4464
 City Farmington (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 93

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1934

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

22. I HEREBY CERTIFY, (That I attended deceased from June 18, 1934, to June 28, 1934)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-7-1862

I last saw him alive on June 27, 1934 Death is said to have occurred on the date stated above, at 2 A. p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 10 21

The principal cause of death and related causes of importance were as follows:

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

Apoplexy with terminal pneumonia

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

Date of onset 6-20

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

Other contributory causes of importance: Stroke

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marguard MD

13. NAME H. Reeves

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

What test confirmed diagnosis: Clinical Was there an autopsy? _____

15. MAIDEN NAME Don't Know

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1934

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT P. B. Reeves (ADDRESS) Farmington

Specify whether injury occurred in industry, in home, or in public place. _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Marguard mo DATE 6-29-34

Manner of injury _____ Nature of injury _____

19. UNDERTAKER Caldwell and Co (ADDRESS) Farmington mo

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify Raphebery

20. FILED 6/29/34 B. J. Robinson Registrar.

(Signed) Raphebery, M. D.
 (Address) Farmington mo

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St. Francois

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Joseph H. Reeves*
Who died at _____ on *June - 28 - 1934*
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex *M* Color or race *W* Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: *apoplexy with terminal pneumonia (Bronchial pneumonia)*

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar *V. J. Robinson*

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. *773* Very truly yours,
Primary Reg. Dist. No. *4464*

E. T. McGaugh M.D.
Special Agent. *K*

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