

NOV 20 1934

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

Do not use this space.

36616

1. PLACE OF DEATH

County McDonald
Township Center
City (No.) (St.) (Ward)

Registration District No. 1167
Primary Registration District No. 5690

File No.
Registered No. 34

2. FULL NAME

(a) Residence, No. James mo St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 1876
7. AGE YEARS 58 MONTHS 8 DAYS 27 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1934

22. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....
I last saw h..... alive on, 19.... Death is said

to have occurred on the date stated above, at 7:20 a.m.
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. Farmer
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.....

Date of onset
2005 (9)
Other contributory causes of importance:
(R)

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

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

13. NAME Harry Laughlin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

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)

15. MAIDEN NAME Daphnia A. Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

17. INFORMANT O. V. Lewis (ADDRESS) James mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Roller Cem DATE Oct 7 1934

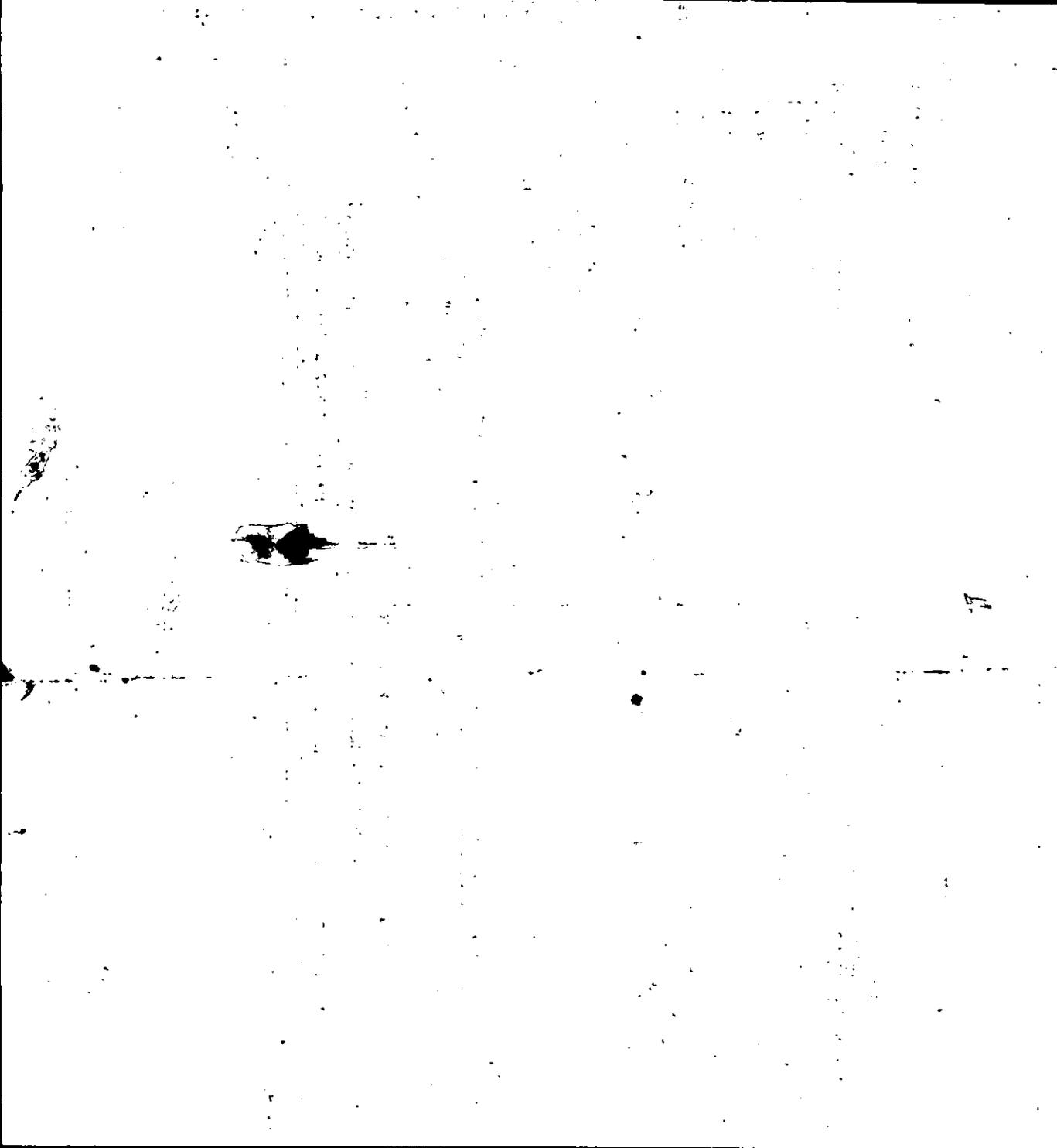
24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify..... (Signed) Arduell, M. D.

19. UNDERTAKER Belle F. Smith (ADDRESS) James mo

20. FILED Oct 22 1934 ada Callings Registrar.

(Address) Bella mo

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**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County McDonald
Township

Registration District No. 1167
Primary Registration District No. 5690

File No.
Registered No. 34
St. Ward)

2. FULL NAME

Thomas Lee Reighlin

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

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) w

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6, 19 34

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

22. I HEREBY CERTIFY, That I attended deceased from to Oct 6, 19 34
I last saw him alive on Oct 6, 19 34. Death is said to have occurred on the date stated above, at m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 8 27

Date of onset

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

Other contributory causes of importance
Don't know
Don't know

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Dec: 7, 19 34 Ada Collins Registrar.

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) Cardwell, M. D.
(Address) Stella

SUPPLEMENTARY

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

This is all the ~~non~~ familiar we
are able to get on this
certificate

S-36616