

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

Do not use this space.

42122

JAN 4 1935

1. PLACE OF DEATH

County Butler
Township Paplar Bluff
City Paplar Bluff No. _____

Registration District No. 89
Primary Registration District No. 3007

File No. _____
Registered No. 256
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 935 Main St Paplar Bluff Mo
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15-1858

7. AGE YEARS 76 MONTHS 2 DAYS 21 IF LESS than 1 day, _____ hrs. or _____ min.

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

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) Haystack Co. Ind

13. NAME Wm Lake

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Jessie Robinson
935 Main St Paplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Zion Cems DATE Dec 7 1934

19. UNDERTAKER (ADDRESS) N. P. Pfeiffer
Paplar Bluff Mo

20. FILED 12/7 1934 C. C. Cutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 1 1933, to Dec 6 1934

I last saw her alive on Dec 6 1934. Death is said

to have occurred on the date stated above, at 1:30 p.m.

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

Broncho-Pneumonia Date of onset 12-7-34

Chronic Myocarditis 3 yrs

Eucharteritis "

Emphysema "

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No.

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? No.

If so, specify _____

(Signed) J. Lee Arnwell M. D.

(Address) Paplar Bluff Mo.

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.

