

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

Do not use this space.

MAR 14 1935

4807

1. PLACE OF DEATH

County Cooper Registration District No. 223
 Township Gallop Creek Primary Registration District No. 5304
 City Pilot Grove (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 30

2. FULL NAME

Earline Rose Reuter
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. ✓

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-70-1935

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Pilot Grove
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Norman Reuter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pilot Grove
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Florence Wynn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pilot Grove
 (STATE OR COUNTRY) Missouri

14. INFORMANT (Address) Norman Reuter
Pilot Grove, Mo

15. FILED 3/2 1935 H. B. Risaker
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 24 1935

17. I HEREBY CERTIFY, That I attended deceased from 2-10-1935 to 2-24-1935
 that I last saw h. OK alive on 2-23-1935, and that death occurred, on the date stated above, at 5:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia yrs. _____ mos. 2 ds.
 CONTRIBUTORY Mastitis with abscess
 (SECONDARY) (duration) yrs. _____ mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) garnley M. D.

2-25-1935 (Address) Pilot Grove

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REPOSITORY St. James Cemetery, Pilot Grove DATE OF BURIAL 2-25-1935

20. UNDERTAKER Hoys of Stecklein ADDRESS Pilot Grove Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact

