

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

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.

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

Do not use this space.

APR 29 1934

8496

1. PLACE OF DEATH

County Clinton  
Township Clinton  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 207  
Primary Registration District No. 5787

File No. 22  
Registered No. 4  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Reba Frances Teague

(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. 1 mos. 18 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1935, to Mar 4, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1935

I last saw her alive on Mar 4, 1935. Death is said to have occurred on the date stated above, at 1: A. m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 1 18

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

Broncho Pneumonia Date of onset Feb 26

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: measles Date of onset Feb 14

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

Name of operating \_\_\_\_\_ Date of \_\_\_\_\_  
What test (and type) made here an autopsy? no

13. NAME Wilford Teague

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

15. MAIDEN NAME Janita Lead

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

17. INFORMANT Janita Lead (ADDRESS) Plattsburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove near Plattsburg Mo. DATE 3-5, 1935

19. UNDERTAKER W. Brien (ADDRESS) Plattsburg Mo.

20. FILED 35, 1935 C. W. Chastain Registrar.

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) W. B. Shalping, M. D.  
(Address) Plattsburg Mo.

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