

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.

JUL 1 1935

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

Do not use this space.

18689

1. PLACE OF DEATH

101 County Shannon Registration District No. 824
Township Buena Vista Primary Registration District No. 6078
City (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Mary Elizabeth Reeves
(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 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 19 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 X 24

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co., Mo.

13. NAME Riley Merritt

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Clifford Reeves (son)
(ADDRESS) Shannon Co.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Chapel DATE 5-13-35

19. UNDERTAKER None
(ADDRESS)

20. FILED 5-13-1935 Frank W. de Mott
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935, to May 12, 1935

I last saw him alive on May 11, 1935. Death is said to have occurred on the date stated above, at 11 a.m.

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

Prophylaxis
Hyper tension
Date of onset _____

Other contributory causes of importance: _____

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) A. T. Eudy, M. D.

(Address) Shannon Mo

