MAR 25 1936

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

Do not use this space.

8809

1. PLACE OF DEATH
County Scott — Registration District No. 814
Township Benton — Primary Registration District No. 6063 — File No.
City Benton (No. , St. Ward) — Registered No.

2. FULL NAME David Moore Reeves

(a) Residence, No. R# 1 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | Wh | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Allie P. Reeves

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 12 1860

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 75 | 4 | 7 | |

OCCUPATION

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

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) Hickman County - Tenn.

FATHER
13. NAME Steve Reeves
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Keji Reeves
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Jas. Reeves Charleston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Odd Fellows Cem DATE Feb. 21 1936

19. UNDERTAKER (ADDRESS) Frank Lair Funeral Service Charleston Mo.

20. FILED Feb 29 1936 U. R. Haw Registrar.

## MEDICAL CERTIFICATE OF DEATH 12 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 to 1936, to Feb 19 20 1936
I last saw h alive on Feb 14 to 1936 Death is said to have occurred on the date stated above, at 12 P m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Paralytic Stroke

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) C. A. Anderson , M. D.
(Address) Charleston 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.