

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

Do not use this space.

AUG 22 1936

1. PLACE OF DEATH  
 County Atchison Registration District No. 30  
 Township Larkio Primary Registration District No. 5-0-27  
 City          (No.         ) St.          Ward         

2. FULL NAME Francis Lucille Reering  
 (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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 21894-2  
 Registered No.         

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write full word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-9-1936

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>✓</u>	<u>✓</u>	<u>7</u>	

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         

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

FATHER

13. NAME Oscar Reering

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

MOTHER

15. MAIDEN NAME Carry Lester

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

17. INFORMANT (ADDRESS) Oscar Reering Larkio Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Millers Cem DATE 6-16-1936

19. UNDERTAKER (ADDRESS) Ray Bachelder Rock Port Mo

20. FILED June 16 1936 Wm. Vaughn Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1936

22. I HEREBY CERTIFY That I attended deceased from June 9 1936 to June 16 1936  
 I last saw her alive on June 9 1936 Death is said to have occurred on the date stated above, at 5.9 a. m.  
 The principal cause of death and related causes of importance were as follows:  
premature birth Date of onset         

Other contributory causes of importance: 10 1

Name of operation          Date of           
 What test confirmed diagnosis?          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) Chas. J. Seale M. D.  
 (Address) Rock Port - 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.

