

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

Do not use this space.

23823

JUL 25 1936

**1. PLACE OF DEATH**

County Letts Registration District No. \_\_\_\_\_  
Township La Monte Primary Registration District No. \_\_\_\_\_  
City La Monte (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Etta Reavis  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 = 1890  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
56 1 9

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) Letts Mo (STATE OR COUNTRY) Mo

13. NAME Raymond Reavis

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

15. MAIDEN NAME Mollie Pemberton

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

17. INFORMANT Mrs Etta Reavis (ADDRESS) La Monte Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE La Monte Mo DATE 6-23, 1936

19. UNDERTAKER B. F. Janner (ADDRESS) La Monte Mo

20. FILED 6-22, 1936 B. F. Janner Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1936, to June 21, 1936  
I last saw him alive on June 21, 1936 Death is said to have occurred on the date stated above, at 6 P.M.  
The principal cause of death and related causes of importance were as follows:

Pneumonia - both lungs - traumatic - fell off of a barn roof. Infection followed  
Date of onset \_\_\_\_\_

Other contributory causes of importance None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis usual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, ~~suicide~~ suicide Date of injury 6-9, 1936  
Where did injury occur Farm 6 mi. S. La Monte Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Falling from roof.

Manner of injury Fell from roof.  
Nature of injury Chest injured mostly left

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. E. Walker, M. D.

(Address) La Monte 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.

