

JAN 20 1937

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

Do not use this space.

44608

1. PLACE OF DEATH

County Iron
Township Arcadia
City Pilot Knob (No. _____, _____ St. _____ Ward)

Registration District No. 392
Primary Registration District No. 5546B

File No. _____
Registered No. 7

2. FULL NAME Merean Reeves

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Fem 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) single

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

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1936 to Dec 19 1936

I last saw him alive on Dec 18 1936 Death is said to have occurred on the date stated above, at 2:00 P.M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1921
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
15 9 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school girl
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 8 yrs

Date of onset

Lobar Pneumonia - Dec 18/36

Other contributory causes of importance:

Typhoid fever - Dec 15, 1936

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edge Hill Mo.

MOTHER/FATHER 13. NAME Corbett Reeves

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds County Missouri

What test confirmed diagnosis? _____ Was there an autopsy? no

15. MAIDEN NAME Lillie Lewis

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds County Mo.

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Corbett Reeves Pilot Knob Mo.

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Knob Mo. DATE Dec 20 1936

24. Was disease or injury in any way related to occupation of deceased? no

19. UNDERTAKER (ADDRESS) Norman White & Son Ironton Mo.

If so, specify _____ (Signed) J. H. Gale, M. D.

20. FILED Dec 30 1936 L J Effinger Registrar.

(Address) Hiwacker Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

