

FEB 25 1937

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

Do not use this space.

1288

1. PLACE OF DEATH

County Jackson Registration District No. 300  
Township Jean Primary Registration District No. 300  
City Independence (No. 1000)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Edward Reeves  
(a) Residence, No. 1304 Mc Gehee st. Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 50 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*) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 1867

7. AGE YEARS 64 MONTHS 10 DAYS 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 13  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn Penn

FATHER 13. NAME Hiram Reeves

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

MOTHER 15. MAIDEN NAME Caroline George

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

17. INFORMANT (ADDRESS) Reece Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Washington 1-7 87

19. UNDERTAKER (ADDRESS) Mrs C. S. Sposter  
913 Broadway

20. FILED 1-6 1937 M. W. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-4 1937, to 1-5 1937  
I last saw him alive on 1-5 1937 Death is said to have occurred on the date stated above, at 10:00 PM

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

Cerebral Incephaloma-  
-lacia; Cerebral Hem-  
-orrhage

Other contributory causes of importance:  
Bronchopneumonia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

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) P. J. De Maria M. D.  
(Address) Supt. of C. Gen. Hosp. C

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.

