

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.

1937 25 1937

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

Do not use this space.

1. PLACE OF DEATH
County Stone Registration District No. 842 File No. 9128
Township Piece Primary Registration District No. 6104 Registered No. _____
City _____ (No. R.F.D. Crane mo) _____ St. _____ Ward _____

2. FULL NAME Inez Rea
(a) Residence, No. R.F.D. Crane mo St. _____ Ward _____ (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 - 1905

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>31</u>	<u>1</u>	<u>15</u>	

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

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) Stone County Missouri

13. NAME Clas F Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crane Iowa

15. MAIDEN NAME Mae Horn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reed Springs Mo

17. INFORMANT Lawton Rea
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crane mo DATE Feb 15 - 1937

19. UNDERTAKER St. Ignace Funeral Home
(ADDRESS) Crane mo

20. FILED 2/18 1937 Mrs. E. Duggert
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 - 1937, to Feb. 13 - 1937
I last saw her alive on Feb 12 - 1937; Death is said to have occurred on the date stated above, at 10:15 p.m.
The principal cause of death and related causes of importance were as follows:
Bronchi Pneumonia Date of onset 2-7-37

Other contributory causes of importance: Influenza

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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 Flu
(Signed) H. L. Kerr, M. D.
(Address) Crane mo

