

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.

APR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Douglas
Township Benton
City Ava, Mo. (No., St. Ward)

Registration District No. 222
Primary Registration District No. 5329

File No. 11746
Registered No. 126

2. FULL NAME Reba Mary Crain

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 27 yrs. 10 mos. 1 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ward W. Crain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
27 10 1

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) Ava, Missouri (STATE OR COUNTRY)

13. NAME Dr. R. M. Norman

14. BIRTHPLACE (CITY OR TOWN) Ava, Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Lissie Hartley

16. BIRTHPLACE (CITY OR TOWN) Ava, Missouri (STATE OR COUNTRY)

17. INFORMANT Dr. R. M. Norman (ADDRESS) Ava, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ava, Cemetery DATE 3-28, 1937

19. UNDERTAKER C. V. Clinkinghead (ADDRESS) Ava, Mo.

20. FILED 4-9, 1937 Henry Burke Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-25-, 1937, to 3-26, 1937
I last saw him alive on 3-25-, 1937 Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Embolism

Other contributory causes of importance:

Chronic Bacterial Endocarditis

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

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) M. C. Gentry, M. D.
(Address) Ava, Mo.

