

MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH  
2<sup>nd</sup> County Crawford  
Township Union  
City Union (No. ....) St. .... Ward)

Registration District No. 231  
Primary Registration District No. 5315

File No. 16159  
Registered No. ....

2. FULL NAME Noel Smith Reeves  
(a) Residence, No. State St St. Mo Ward. ....  
(Usual place of abode) Levassier Mo (If nonresident, give city and State)  
Length of residence in city or town where death occurred 30 yrs 3 mos 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 - 1907  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
30 3 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wagner Electric  
10. Date deceased last worked at this occupation (month and year) 4 years  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co Mo

13. NAME Wiley Samuel Reeves

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co Mo

15. MAIDEN NAME Ida Ama Glaseo

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

17. INFORMANT Wiley Samuel Reeves  
(ADDRESS) Coal Station

18. BURIAL, CREMATION, OR REMOVAL PLACE Craig Cemetery DATE 4/29 1937

19. UNDERTAKER M. D. Hobson  
(ADDRESS) Salem Mo

20. FILED 5/9 1937 Registrar C. R. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1937

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1937, to April 28, 1937.  
I last saw him alive on April 24, 1937. Death is said to have occurred on the date stated above, at 11 a m.  
The principal cause of death and related causes of importance were as follows:

Influenza, 4 days duration  
Tuberculosis 4 year duration  
Other contributory causes of importance: Pulmonary Tuberculosis 4 year duration

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? .....  
If so, specify R. B. Purser M. D.  
(Signed) W. L. Sullivan M.D.  
(Address) St. Louis Mo

