AUG 18 1937

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

Do not use this space.

2

1. PLACE OF DEATH
County Bates — Registration District No. 50 — File No. 26611
Township — Primary Registration District No. 3004 — Registered No. 50
City Butler (No. , St. Ward)

2. FULL NAME Lydia May Reaves
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

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 — C. O. Reaves

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7 1895

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
42	5	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homekeeper
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) Missouri

FATHER
13. NAME Wm M. Simpson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Minerva Ketterman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs. Turketti Nevada Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Berea Cemetery DATE July 13 1937

19. UNDERTAKER (ADDRESS) Allen V. Gays Nevada Mo.

20. FILED July 13 1937 Nina L. Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1937

22. I HEREBY CERTIFY, That I attended deceased from July 8 1937 to July 10, 1937
I last saw her alive on July 10, 1937. Death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:

Gas Gangrene of Arm

Date of onset

210 M

Other contributory causes of importance:

Mutilation of Arm
Fracture of Jaw

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? Accident Date of injury July 8, 1937
Where did injury occur? Bates Co. Highway 71.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Automobile Accident public place
Nature of injury 2 car ran together.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Jas. A. Lusk Jr., M. D.
(Address) Butler, Mo.

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.