

OCT 15 1937

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

Do not use this space.

33619

1. PLACE OF DEATH

County Columbia
Township Columbia
City Columbia (No.)

Registration District No. 73
Primary Registration District No. 3006

File No.
Registered No. 210 Ward

2. FULL NAME

Edward Reeves
(a) Residence, No. Park Ave. Ward.

(Usual place of abode) (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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ratie Reeves</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-11-1880</u>		
7. AGE <u>57</u>	YEARS <u>-</u>	MONTHS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mortar Maker</u>		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) <u>June 1, 1937</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Columbia Missouri</u>		
13. NAME <u>Richard Reeves</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard County Missouri</u>		
15. MAIDEN NAME <u>Lucy Jackson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co Missouri</u>		
17. INFORMANT (ADDRESS) <u>Doris Smith Columbia Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery 7-8-1937</u>		
19. UNDERTAKER (ADDRESS) <u>State St. Carter Granite Missouri</u>		
20. FILED <u>9/7/1937</u> <u>Allie Selby</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>9-5-37</u> 19
22. I HEREBY CERTIFY, That I attended deceased from <u>July 27, 1937, to Sept 5, 1937</u> I last saw <u>him</u> alive on <u>9-4-37</u> , 19. Death is said to have occurred on the date stated above, at <u>6:45 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Arteriosclerosis of Ruptured</u> <u>1248</u> Date of onset
Other contributory causes of importance:
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..... (Signed) <u>D. D. Moore</u> M. D. (Address) <u>Columbia Mo</u>

Every item of information should be carefully supplied. AGE should be stated EXACTLY. FATHER'S NAME should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

