

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.

DEC 16 1937

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

Do not use this space.

41006

1. PLACE OF DEATH

County Clay
Township Platte
City Smithville (No. _____ St. _____ Ward _____)

Registration District No. 203
Primary Registration District No. 4122

File No. _____
Registered No. 5

2. FULL NAME Mary Kathrine Reeves

(a) Residence, No. _____ St. _____ 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Levi W. Reeves

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 9 23

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Housewife

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) Platte County, Mo.13. NAME Woolery Eversole14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Mary Taylor16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT Mrs. Edd Swan
(ADDRESS) Smithville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Goss Cemetery DATE Nov. 19, 1937

19. UNDERTAKER McComas Mortuary
(ADDRESS) Smithville, Missouri20. FILED 11-18- 1937 E. C. Hill
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Nov 6 1937, to Nov 15, 1937I last saw her alive on Nov 13, 1937 Death is saidto have occurred on the date stated above, at 6:12 P. M.

The principal cause of death and related causes of importance were as follows:

Coronary ThrombosisChronic Interstitial Nephritis

Other contributory causes of importance:

131

Name of operation _____ Date of _____

What test confirmed diagnosis? Examination 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? Yes

If so, specify _____

(Signed) E. C. Hill M. D.

(Address) _____

