

Do not use this space.

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

DEC 28 1937

42306

1. PLACE OF DEATH

County *St Charles*
Township
City *St Charles*

Registration District No. *757*
Primary Registration District No. *3036*
(No. *St Joseph Hospital*)

File No. _____
Registered No. *196*
St. _____ Ward _____

2. FULL NAME

John Henry Reeves

(a) Residence, No. *117 N. 3rd St. St Charles, Mo.*
(Usual place of abode)

Ward _____
(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 <i>male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov 24th 1937</i>		
7. AGE YEARS <input checked="" type="checkbox"/>	MONTHS <input checked="" type="checkbox"/>	DAYS <input checked="" type="checkbox"/>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>		11. Total time (years) spent in this occupation
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 24th 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 24, 1937* to *Nov. 24, 1937*
I last saw him alive on *Nov. 24, 1937*. Death is said to have occurred on the date stated above, at *11:59* a.m.
The principal cause of death and related causes of importance were as follows:
Asphyxia Neonatorum
Primaturity (7 mo.)
Cause not known.

Other contributory causes of importance:
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Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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?
If so, specify _____
(Signed) *[Signature]* _____, M. D.
(Address) *St Charles, Mo.*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Charles Mo.*

FATHER

13. NAME *Gerald Reeves*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Charles Mo.*

MOTHER

15. MAIDEN NAME *Helen Dempsey*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Poplarville, Miss.*

17. INFORMANT *Henry Reeves*
(ADDRESS) *St Charles Mo.*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Lake Grove Cem* DATE *Nov 25th 1937*

19. UNDERTAKER *W. C. Dalman*
(ADDRESS) *St Charles Mo.*

20. FILED *11/25 1937* *Clarence H. Mueller*
Registrar.

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.

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