REC'D MAY 18 1938

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

Do not use this space.

File No. 14155

Registered No. 13

1. PLACE OF DEATH

County: Butler — Registration District No. 925

Township: Ash Hill — Primary Registration District No. 5134C

City: Fisk (No. ..... St. ..... Ward)

2. FULL NAME Jack Reeves, Jr

(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 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Virginia Reeves

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 28, 1915

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	23	1	0	

OCCUPATION

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.: Rail road

10. Date deceased last worked at this occupation (month and year): August 1937

11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kennett, Mo 0

FATHER

13. NAME: Jack Reeves 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fisk, Missouri 1

MOTHER

15. MAIDEN NAME: Katie Kimbrel

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

17. INFORMANT (ADDRESS): Jack Reeves

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ash Hill, Mo DATE: 4-29- 38

19. UNDERTAKER (ADDRESS): Marshall Shain Und. Co. Fisk, Missouri

20. FILED: May 10, 1938 — Mary Adams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1938, to 4-28, 1938

I last saw him alive on April 26, 1938. Death is said to have occurred on the date stated above, at ..... m.

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

Pneumonic Cohen — Date of onset

8 D.B.

Other contributory causes of importance: Cerebral Hemorrhage and degeneration

Name of operation: Dead when 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) [illegible], M. D.
(Address) Poplar Bluff Mo

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