

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

6011
Do not use this space.

REC'D MAR 15 1939

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
 (b) Township..... Primary Registration District No. 3007 Registered No. 29
 (c) City Poplar Bluff (d) Street No. Brandon Loop St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Abbie Reak

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Wm. E. Reak

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>71</u>	<u>11</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Hardin Co., Ill.

FATHER 13. NAME Wm Sheldon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER 15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Wm. E. Reak,
(ADDRESS) Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dexter, Mo. DATE 2/6/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Blankenship-Strickland
Dexter, Mo.

20. FILED 2/6 19 39 Chaturanga
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/4/39 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1939, to Feb 4, 1939

I last saw her alive on Feb 4, 1939. Death is said to have occurred on the date stated above, at 12:26 noon m.

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

acute cardiac failure Date of onset 2/4/39

Other contributory causes of importance:

Laparotomy for Ventral Hernia

Name of operation Laparotomy Date of 2/1/39

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? no

If so, specify _____

(Signed) W. B. Brandon, M. D.

(Address) Poplar Bluff, 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.

STATEMENT OF LICENSED EMBALMER
GATHERING DATA TO BE FILED
STATE OF MISSOURI

MAY 19 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

J. E. Strickland

Registered Apprentice No. _____ working under my personal supervision.

Signed

Licensed Embalmer No. 3479

P. O. Address Dexter, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.