

REC'D APR 13 1939

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

11516

Do not use this space.

1. PLACE OF DEATH

(a) County Maies ² Registration District No. 546
(b) Township Spring Creek ¹ Primary Registration District No. 5738
(c) City (d) Street No. 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 3 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

126 HENRY REEVES
(a) Residence, No. Maies Co. Missouri 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 69 ? ? ?

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

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

10. Date deceased last worked at this occupation (month and year) 11/1/39

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maies Co. Missouri

FATHER 13. NAME Henry Reeves

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osceola Co. Missouri

MOTHER 15. MAIDEN NAME Elizee Fannon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green County Tennessee

17. INFORMANT (ADDRESS) J. Fannon Miller Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Miller Cemetery DATE 3/14/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. C. Birmingham Vienna Mo.

20. FILED Mar 13 1939 Laura Warner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/11/39 19... to 3/13/39 19...
I last saw him alive on 3/11/39 19... Death is said to have occurred on the date stated above, at 10:30 AM.

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

Cerebral Hemorrhage Date of onset 3/10/39
Hypertension

Other contributory causes of importance:

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? No
If so, specify Dr. W. C. Birmingham D.O. M.D.
(Signed) Joseph P. Kelly M.D.
(Address) Joseph P. Kelly M.D.

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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.