

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.

FILLED MAY 5 1941

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

Do not use this space.

14745

1. PLACE OF DEATH

County Iron Registration District No. 391
Township _____ Primary Registration District No. 42.30
City Ironton (No. 1) St. _____ Ward 0

File No. 33-47
Registered No. 38

2. FULL NAME GRACE ELVA REAGAN

(a) Residence, No. Ironton Mo 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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30, 1873
7. AGE YEARS 68 MONTHS 0 DAYS 5 If LESS than 1 day,hra. ormin.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Pilot Knob (STATE OR COUNTRY) Missouri

13. NAME Benjamin B Reagon

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

15. MAIDEN NAME Utica Kunkelman

16. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) 1

17. INFORMANT Frank Reagon (ADDRESS) 5370 Cabanett St. St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ironton Mo DATE 4-5-41

19. UNDERTAKER Bike & Richardson (ADDRESS) Ironton Mo

20. FILED Apr-5-1941 Julia A. Guntore Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 5 - 1941
22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1940 to 4-3, 1941
I last saw her alive on 4-2, 1941. Death is said to have occurred on the date stated above, at 6:25 a.m.
The principal cause of death and related causes of importance were as follows:

Tuberc Pneumonia
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Other contributory causes of importance:
Septicemia - Cystitis

Name of operation None Date of _____
What test confirmed diagnosis? None 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 _____

(Signed) Victor J. ... M. D.
(Address) Ironton Mo

This body was embalmed by:

Paul Dugal No. License # 4120
Farmington, Mo