

DEC 22 1930

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

Do not use this space.

36764

## 1. PLACE OF DEATH

County MadisonRegistration District No. 336

Township

Primary Registration District No. 30248City Fredericktown, Mo. (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Shirley Reagan

(a) Residence. No. \_\_\_\_\_ 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 M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) —5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 12 1930

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 1 hrs. or — min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —(b) General nature of industry, business, or establishment in which employed (or employer) —(c) Name of employer —9. BIRTHPLACE (CITY OR TOWN) Fredericktown Mo.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Orion Reagan11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cornwell Mo.  
(STATE OR COUNTRY)12. MAIDEN NAME OF MOTHER Gussie Watts13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marquand Mo.  
(STATE OR COUNTRY)14. INFORMANT Orion Reagan(Address) Fredericktown Mo.15. W.D. 30 19 30 C. U. P. S.  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 12 193017. I HEREBY CERTIFY, That I attended deceased from Nov. 12 1930, to Nov. 12 1930, that I last saw him alive on Nov. 12 1930, and that death occurred, on the date stated above, at Fredericktown Mo.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Deformed condition  
elbow joint, no rectum  
and deformed fingers  
only lived for few minutes  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) Harry Dorton M. D.Nov. 12 1930 (Address) Fredericktown Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Rhodes Chapel Nov 12 1930

20. UNDERTAKER

ADDRESS

None

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.

