

**BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

8000

**1. PLACE OF DEATH**

County Butler Registration District No. 89 File No. \_\_\_\_\_  
 Township Poplar Bluff Primary Registration District No. 3007 Registered No. 513  
 City Poplar Bluff, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Harold Lee Reagan

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Kennett, Missouri  
 (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 male 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
4 4 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child  
 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) (STATE OR COUNTRY) Kennett, Missouri

FATHER 13. NAME Ivy Reagan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dysbery Tennessee

MOTHER 15. MAIDEN NAME Beatrice Churchwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett, Missouri

17. INFORMANT Ivy Reagan, (ADDRESS) Kennett, Mo.

18. BURIAL CREMATION, OR REMOVAL burial  
Oak Leaf Cemetery, March 2, 1934  
 PLACE Kennett, Missouri

19. UNDERTAKER Greer Undertaking Co. (ADDRESS) Poplar Bluff, Missouri

20. FILED 3-5- 1934 W. J. Bailey Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22 1934, to Feb. 28 1934

I last saw him alive on Feb. 28 1934 Death is said to have occurred on the date stated above, at 4 AM. m.

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

Tubercular meningitis 2/14/34  
24A

Other contributory causes of importance: 24

Name of operation \_\_\_\_\_ 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) W. L. Brandon, M. D.  
 (Address) Poplar Bluff, Mo.

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