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

Do not use this space.

1. PLACE OF DEATH
County Marion — Registration District No. 552 — File No. 43696
Township Warren — Primary Registration District No. 5745 — Registered No. 16
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Morris Elbert Reagan
(a) Residence, No. Warren Township 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: 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: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1927
7. AGE: YEARS 7 — MONTHS 0 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
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) Marion County, Mo.

FATHER
13. NAME David Reagan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville, Tenn.

MOTHER
15. MAIDEN NAME Minnie Lehenbauer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co., Mo.

17. INFORMANT (ADDRESS) David Reagan Palmyra, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE West Ely Cem. DATE Dec. 4 1934
19. UNDERTAKER (ADDRESS) Lewis Brothers Palmyra, Mo.
20. FILED Dec. 4, 1934 Mrs. Alta V. Wagner *Registrar.*

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3, 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov. 30th, 1934, to Dec. 3rd, 1934
I last saw him alive on Dec. 3rd, 1934. Death is said to have occurred on the date stated above, at 8:10 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	
8	
1-3 Pr.	

Other contributory causes of importance:
Scarlet-fever

Name of operation None Date of .....
What test confirmed diagnosis? Lab 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? .....
If so, specify .....
(Signed) John H. Kibbe, M. D.
(Address) Monroe City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.