

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 16 1936

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

Do not use this space.

9662

1. PLACE OF DEATH
 County Cass Registration District No. 147
 Township Austin Primary Registration District No. 5310
 City No. _____ St. _____ Ward _____

2. FULL NAME Edna J Reeves
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19, 1917

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>19</u>	<u>2</u>	<u>10</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roundup, Mont.

MOTHER
 13. NAME Roy Endicott
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Drexel, Mo.
 15. MAIDEN NAME Edna Pearl Ballard
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilda, Kan.

FATHER
 17. INFORMANT Roy Endicott
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
New Lancaster, Kan. DATE Mar. 31 1936
 PLACE _____

19. UNDERTAKER Geo. E. Myers
 (ADDRESS) Cleaveland, Mo.

20. FILED Mar. 31 1936 Mrs. Dora Cebair
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 26 1936 to March 29, 1936
 I last saw h. e. y. alive on March 24, 1936 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Influenza
Lobar Pneumonia - March 31 1936
Intest. left side
labor - March 28
 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?
 If so, specify _____
 (Signed) Basil A. Astwell, M. D.
 (Address) Drexel Mo

Date of onset
about
Mar. 20
March 31 1936

