

REC'D FEB 15 1939

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

2312

Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318
(b) Township N-Campbell Primary Registration District No. 2001 Registered No. 47
(c) City SPRINGFIELD (d) Street No. 1764 N. National St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

SOLOMON BENJMAN REAVES
(a) Residence, No. 1764 N. National St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Pinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-10-1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 11 5

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Mo.

FATHER 13. NAME Solomon Reaves

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

MOTHER 15. MAIDEN NAME Peggy M Hughes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geny

17. INFORMANT Elvess Reaves

(ADDRESS) Thomas St

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasantview DATE Jan-16-1939

19. FUNERAL DIRECTOR (NAME) Dunn-Hall

(ADDRESS) 629 W. Walnut St

20. FILED Jan 16 1939 Chas A George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-15-1939

22. I HEREBY CERTIFY, That I attended deceased from 1-15-1939, to 1-15-1939

I last saw him alive on 1-10-1939. Death is said

to have occurred on the date stated above, at 11 A.M.

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

Cerebral Hemorrhage Date of onset 1-15-39
High Blood Pressure

Other contributory causes of importance High Blood Pressure

Name of operation none Date of 20

What test confirmed diagnosis autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury none, 1939

Where did injury occur? none

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify none

(Signed) J. Freeman M. D.

(Address) Springfield Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Hayd W. Ford*

Licensed Embalmer No. *2910*

P. O. Address *679 W. W. ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.