

NOV 24 1939

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

Do not use this space.

35919

1. PLACE OF DEATH

County Dade Registration District No. 238
Township 1 Primary Registration District No. 4145
City Lockwood St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Allen E. Reeves</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 5-1866</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>9</u>	DAY <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, _____ hrs. or _____ min.
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) <u>Livingston Co. Mo.</u>		
13. NAME <u>David Reeves</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Margaret Jones</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT <u>Allen E. Reeves</u> (ADDRESS) <u>Lockwood, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lockwood</u> DATE <u>4-8</u> 19 <u>39</u>		
19. UNDERTAKER <u>Ray Caldwell</u> (ADDRESS) <u>Lockwood, Mo.</u>		
20. FILED <u>4-11</u> 19 <u>39</u> <u>J. E. Wilson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-4-1939 to 3-6-1939
I last saw her alive on March 28 1939 Death is said to have occurred on the date stated above, at 12:45 AM
The principal cause of death and related causes of importance were as follows:
myocarditis
Date of onset _____

Other contributory causes of importance:
Chronic interstitial nephritis

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? no
If so, specify _____
(Signed) T. D. Combs M. D.
(Address) Lockwood Mo

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.

AUG 1 1948