

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.

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

Do not use this space. *A*

33770

File No. 1933

Registered No. 14

JAN 26 1934

1. PLACE OF DEATH

County *Montana*
Township *Maple*
City (No.) St. Ward

Registration District No. *574*
Primary Registration District No. *5722A*

2. FULL NAME

Alice Lenora Reider

(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>X</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>1860 - Feb - 16</i>				
7. AGE	YEARS <i>73</i>	MONTHS <i>8</i>	DAYS <i>15</i>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Home work</i>
	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) *Montana Co.*
(STATE OR COUNTRY)

13. NAME *William Frederic Reider*

14. BIRTHPLACE (CITY OR TOWN) *Germany*
(STATE OR COUNTRY)

15. MAIDEN NAME *Malendia Reider*

16. BIRTHPLACE (CITY OR TOWN) *unknown*
(STATE OR COUNTRY)

17. INFORMANT *M. R. Galligan Sr.*
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE *Hickman Cemetery Oct 31 1933*

19. UNDERTAKER *Charlie Fullrich*
(ADDRESS) *James town Mo.*

20. FILED *Oct 31 1933 Ellis B. Raikes*
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 30* 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 7* 19*33*, to *Oct 30* 19*33*

I last saw her alive on *Oct 27* 19*33* Death is said

to have occurred on the date stated above, at *3:30 AM*

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

Acute Endocarditis
46B
71A
46 Days
Carcinoma of Stomach

Name of operation *None* 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) *Ellis B. Raikes* M. D.

(Address) *James town, Mo.*

1933-10-30
 1860-2-15
 73-8-15