

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.

JAN 17 1936

40363

1. PLACE OF DEATH

County Monteau  
Township Walker  
City C (No. ....)

Registration District No. 571  
Primary Registration District No. 5769

File No. ....  
Registered No. 81 St. .... Ward)

2. FULL NAME

Mary Francis Reed

(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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
82 1 24

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.  
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) Monteau Co

MOTHER FATHER 13. NAME Henry Reed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crofer Co

15. MAIDEN NAME Sarah Murrell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co

17. INFORMANT (ADDRESS) California mo

18. BURIAL, CREMATION OR REMOVAL PLACE Old Salem Ch DATE 12/23 1935

19. UNDERTAKER (ADDRESS) William & Fried Meyer California mo

20. FILED 12-24 1935 J. R. Popper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 11 1935 to Dec 22 1935

I last saw him alive on Dec 13 1935. Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Carcinoma of right lung Date of onset 1920

Other contributory causes of importance: US

Name of operation none Date of .....

What test confirmed diagnosis? Clinical 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? no

If so, specify

(Signed) Edgar A. Stodd M. D.

(Address) California

