

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

Do not use this space.

8627

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003** File No.
 City St. Louis (No. Barnard St + Co Hosp) Registered No. **1176**
 St. Ward

2. FULL NAME Alden J Reading

(a) Residence. No. Empire St. 21 Ward. Joplin MO
 (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>White</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>Annie Reading</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-10-1851</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>1</u>	DAYS <u>22</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>None</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) <u>Not known Indiana</u>		
10. NAME OF FATHER <u>David Reading</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN, STATE OR COUNTRY) <u>Not known Indiana</u>		
12. MAIDEN NAME OF MOTHER <u>Lavinia Horban</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN, STATE OR COUNTRY) <u>Not known Ind</u>		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-2 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1927, to Feb - 2, 1927 that I last saw h. live alive on Feb - 2, 1927, and that death occurred, on the date stated above, at 4 a.m. 4

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma upper & lower lip with perian extension about the mouth
 (duration) 6 yrs. 0 mos. 0 ds.
 (SECONDARY) Cerebral Hemorrhage & Apoplexy
 (duration) 9 yrs. 0 mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? Joplin Mo.
 DID AN OPERATION PRECEDE DEATH? yes DATE OF 1-22-27
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Microscopic
 (Signed) C. M. Emery, M. D.
2-2, 1927 (Address) Barnard Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mrs Ruth Mc Myler (Address) Barnard Hospital

15. FILED FEB - 2 1927 Max B Starkoff REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Joplin Mo. DATE OF BURIAL 2-3 1927

20. UNDERTAKER Hurlbut Und Co ADDRESS Joplin Mo.

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.

