

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

Do not use this space.

30904

1. PLACE OF DEATH
 County McDonald Registration District No. 315
 Township Prairie Primary Registration District No. 5687
 City Route #1 (No.) St. Ward

2. FULL NAME China Collins Reed
 (a) Residence. No. Southwest City Mo Route #1 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 26th 1927

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

17. I HEREBY CERTIFY, That I attended deceased from June 27 1927 to Oct 24th 1927 that I last saw her alive on Oct 24th 1927 and that death occurred, on the date stated above, at October 26th/1927

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Softening of Brain

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 31st/1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 8 25

820 83
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY)
 (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housekeeper
 (b) General nature of industry, business, or establishment in which employed (or employer) Housekeeping
 (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

9. BIRTHPLACE (CITY OR TOWN); Richmond Kentucky
 (STATE OR COUNTRY)

Did an OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

10. NAME OF FATHER Silas DeJarnett Dunn

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) G. V. Roy, M. D.

, 19 (Address) Southwest City Mo

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)

*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.

12. MAIDEN NAME OF MOTHER Sophia Busby Crews

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Southwest City Cemetry DATE OF BURIAL Oct 27 1927

14. INFORMANT Mrs. R. J. Childers
 (Address)

20. UNDERTAKER Nichols Brothers ADDRESS Southwest City Mo

15. Oct 29 1927 John J. Nichols
 FILED..... 19..... REGISTRAR

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.

26 1927

