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.

JAN 1 8 1928

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

Do not use this space.

36464

1. PLACE OF DEATH
County Franklin
Township Boles
City Gray Summit (No. ..... St. ..... Ward)

Registration District No. 293
Primary Registration District No. 5411.

File No. .....
Registered No. 46.

2. FULL NAME Nancy Jane 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 14 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
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 Geo. W. Reed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-31-1835

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
92	—	—	

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

9. BIRTHPLACE (CITY OR TOWN) —
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER John Shue
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

14. INFORMANT Edw. Reed
(Address) Pacific Mo.

15. FILED Jan 1, 1928. C. W. Freiberger
Pc. Helen Thiele REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-31 1927

17. I HEREBY CERTIFY, That I attended deceased from 12-16, 1927, to 12-22, 1927 that I last saw her alive on 12-22, 1927, and that death occurred, on the date stated above, at 5-35 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular heart disease
97 A
97 (duration) Many years
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) Many years

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A. L. McNay, M. D
1-1, 1928 (Address) Pacific, Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pohl's Cemetery Labadie Mo
DATE OF BURIAL 1/2 1928

20. UNDERTAKER Jno. A. Thieme
ADDRESS Pacific Mo

1 adj L Reg
1 bin L
1 - Jt
1 Pis 1 Jt Long

35 00
30
50
11 30
1.45

30 00
10 00
11 00
30