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

Do not use this space.

5982

1. PLACE OF DEATH
County Daviess — Registration District No. 254 — File No.
Township Marion — Primary Registration District No. 2358 — Registered No. 7
City (No. , St. Ward)

2. FULL NAME Mary Jane Reed
(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F.	W.	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 24-1841

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
87	11	23	

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

9. BIRTHPLACE (CITY OR TOWN) Manchester
(STATE OR COUNTRY) Tenn.

PARENTS
10. NAME OF FATHER James Arnold
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Poly Langley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

14. INFORMANT Mrs Elmer Flemming
(Address) Santa Rosa Mo

15. FILED Feb 17, 1929 Jno Z Pascal REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1928, to Jan. 15, 1929, that I last saw her alive on Jan. 15, 1929, and that death occurred, on the date stated above, at 9.11 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis
Parenchymatous
Seven yrs (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Bronchitis
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) James F Hedrick, M. D.
19 (Address) Wrightsville 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 Meddy Cemetry Pattonsburg — DATE OF BURIAL Feb 18 1929

20. UNDERTAKER G. L. Gro... — ADDRESS Pattonsburg 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.

MAR 21 1929