

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

Do not use this space.

11440

**1. PLACE OF DEATH**

County Livingston  
Township  
City Chillicothe (No. ....)

Registration District No. 508  
Primary Registration District No. 3026

File No. ....  
Registered No. 41  
St. .... Ward)

**2. FULL NAME**

Mrs. Emma Reader  
(a) Residence. No. Walnut St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bennjamin Reader  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 9-1870  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
5-8 | 7 | 0 | 0 | 0 | 0

**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)**

(STATE OR COUNTRY) Hamilton Mo.

**10. NAME OF FATHER**

Wiley B. Smith

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Breckenridge Mo.

**12. MAIDEN NAME OF MOTHER**

Mary M. Celler

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Indiana

**14.**

INFORMANT Bennjamin Reader  
(Address) Chillicothe Mo.

**15.**

FILED 3/11 1929 Reuben Barney  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9 1929

17. I HEREBY CERTIFY, That I attended deceased from March 6, 1929, to March 9, 1929, that I last saw her alive on March 8, 1929, and that death occurred, on the date stated above, at 2:13 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Intestinal influenza

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) R. J. Burman, M. D.

3/9, 1929 (Address) Chillicothe 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**

Edge Wood Cem

**DATE OF BURIAL**

March 11 1929

**20. UNDERTAKER**

Jas. D. Gordon

ADDRESS Chillicothe 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.

26 1929

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