

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

Do not use this space.

**JUL 23 1930**  
PLACE OF DEATH

County Lawrence  
Township Lincoln  
City Miller (No. ....)

Registration District No. 469  
Primary Registration District No. 5030

**19914**

File No. ....  
Registered No. 10 St. .... Ward)

**2. FULL NAME** Maggie Mallasie Reich

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**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 Joe R

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** 12-25-1870

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 : 5 : 27

**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) .....

(c) Name of employer .....

**9. BIRTHPLACE (CITY OR TOWN)** McMinn Co.  
(STATE OR COUNTRY) Tenn.

**10. NAME OF FATHER** A.W. Couch

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Monroe Co  
(STATE OR COUNTRY) Tenn.

**12. MAIDEN NAME OF MOTHER** Anna Land

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** McMinn Co  
(STATE OR COUNTRY) Tenn.

**14. INFORMANT** J.B. Reich  
(Address) Miller Mo

**15. FILED** July 30 1930 W. S. Burns  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 6-22 1930

**17. I HEREBY CERTIFY, That I attended deceased from June 1930, to 6-22 1930  
that I last saw her alive on 6-22 1930, and that death occurred, on the date stated above, at 6 p.m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Obvious identical  
nephritis

**18. WHERE WAS DISEASE CONTRACTED** 131  
IF NOT AT PLACE OF DEATH.....

**CONTRIBUTORY (SECONDARY)** 1290  
(duration) yrs. mos. ds.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Pleasant Grove  
**DATE OF BURIAL** 6-23-1930

**20. UNDERTAKER** J.W. Morris & Leiman  
**ADDRESS** Miller 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.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

