OCT 28 1930

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

Do not use this space.

29265

1. PLACE OF DEATH
County: Caldwell
Township: Grant
City: Braymer (No. ..... St. ..... Ward)
Registration District No. 93
Primary Registration District No. 4055
File No. .....
Registered No. 14

2. FULL NAME: Mary Ann Rea
(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 28 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: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ben Rea

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 9 1840

7. AGE: Years 89 | Months 10 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

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): Ohio

PARENTS
10. NAME OF FATHER: Joseph Owen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

14. INFORMANT: Ben Rea
(Address): Braymer Mo

15. Filed Sept 28, 1930 H. H. Patterson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 27, 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 16th, 1930, to Sept 27, 1930 that I last saw h. alive on Sept 27, 1930, and that death occurred, on the date stated above, at 12:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia,
107A
162
(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (SECONDARY): Old age
(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED? Total
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? physical findings
(Signed) M. H. Floyd D.O. ~~M.D.~~
Sept 29, 1930 (Address) Braymer 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: Enon Cemetary
DATE OF BURIAL: 9-29 1930

20. UNDERTAKER: B. F. Mead
ADDRESS: Braymer Mo

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

1930 – 9-29
1940 – 11-9
89 – 10-18

12
9
21
11