

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

Do not use this space.

6634

20 1931
PLACE OF DEATH
County Ridge
Township Startford
City..... (No.) St. Ward)

Registration District No. 690
Primary Registration District No. 5918

File No.
Registered No.

2. FULL NAME Lidie Jane Reid
(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

1 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 8 1931

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Feb. 7, 1931, that I last saw h. or alive on Feb 5, 1931, and that death occurred, on the date stated above, at 12:05 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 12 - 1894

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 1 2 to

Senility (old age)
167

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

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
167 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Sistersville
(STATE OR COUNTRY) W. Va

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH..... (3)

10. NAME OF FATHER John H. Reid

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

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

20. WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Honey Hoskins

WHAT TEST CONFIRMED DIAGNOSIS

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) W. Va

(Signed) L. M. Matheis, D.

14. INFORMANT Mrs J. W. Durr
(Address) New Startford Mo

Feb. 8, 1931 (Address) Ashley Mo.

15. FILED Feb. 9 1931 S. Clyde Craig
REGISTRAR

*State the DISEASE CAUSING DEATH, or in months from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ashley Cemetery DATE OF BURIAL 2-9-1931

20. UNDERTAKER Grace Bandhead ADDRESS Bowling Green Mo

N. B.—Every item of information 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.

