

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

Do not use this space.

8642

APR 20 1931

**1. PLACE OF DEATH**

County Adair Registration District No. 4

Township \_\_\_\_\_ Primary Registration District No. 3001

City Winksville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 45 (45)  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Eliza Jane Reed

(a) Residence No. 716 S Davis St. 4 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)

Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sept 3, 1852

7. AGE

78 Years

MONTHS

6

DAYS

16

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN)

St Charles

(STATE OR COUNTRY)

Iowa

10. NAME OF FATHER

John Howard Phipps

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St Charles

(STATE OR COUNTRY)

Iowa

12. MAIDEN NAME OF MOTHER

Mary Wiley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

St Charles

(STATE OR COUNTRY)

Iowa

14.

INFORMANT

(Address)

Ronald C. Reed  
Winksville, Mo.

15.

FILED

3/23, 1931  
Mrs C H Becker  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

Mar 19 1931

17.

I HEREBY CERTIFY, That I attended deceased from Feb 15, 1931, to Feb 15, 1931, that I last saw him alive on Feb 15, 1931, and that death occurred, on the date stated above, at 9:45 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer of Rectum  
4 yrs

CONTRIBUTORY (SECONDARY)

46 W

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) \_\_\_\_\_

, 19 \_\_\_\_\_ (Address)

Ed Laughlin, M.D.  
Winksville, 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

DATE OF BURIAL

St Charles Ia 3/22 1931

20. UNDERTAKER

ADDRESS

Summer Son Winksville 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.

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