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.

MAY 27 1931

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

16845

1. PLACE OF DEATH
County Sullivan — Registration District No. 853 — File No.
Township Clay — Primary Registration District No. 6116 — Registered No. 5
City ~~Harris~~ (No. ..... St. ..... Ward)

2. FULL NAME Sidney Ann Reger
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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 Fm
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 1 1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
65	4	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Hanne Keefer
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Harris Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Thomas McCallister
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) W Virginia
12. MAIDEN NAME OF MOTHER Mary J. Bondoster
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) W Virginia

14. INFORMANT Willa Purdy
(Address) Harris Mo

15. FILED 4-24-31 A W Widner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apl. 22 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1931, to Apl 22, 1931, that I last saw her alive on April 21, 1931, and that death occurred, on the date stated above, at 10:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart Disease
92A (duration) 1 yrs. 2 mos. 2 ds.

CONTRIBUTORY (SECONDARY) 92a (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) U S Bradley, M. D
4-24, 1931 (Address) Harris 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 Busby — DATE OF BURIAL 4-24 1931

20. UNDERTAKER H. J. Martin — ADDRESS Harris Mo