

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.

NOV 28 1931

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

Do not use this space.

37191

1. PLACE OF DEATH

County Cole

Registration District No. 213

File No. 289

Township _____

Primary Registration District No. 3014

Registered No. _____

City Jefferson (No. _____)

St. _____ Ward) _____

2. FULL NAME

Gertrude Schier Reams

(a) Residence, No. 1816 N. Main 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 - 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED (USUAL WIFE OF) J. M. Reams

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22 - 1860
7. AGE YEARS 71 MONTHS 8 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

In de corditis
9-23-31
66
Other contributory causes of importance: hypertension

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Mo.

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Dr. Meyer (ADDRESS) 9. S. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jeff. City Mo. DATE 11-6- 1931

19. UNDERTAKER Chas. P. Weiswicks (ADDRESS) 8. S. Mo.

20. FILED 11-5 1931 Dr. Bradford Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) Dr. Bradford M. D. (Address) 9. S. Mo.

