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

Do not use this space.

11487

File No. .....

Registered No. .....

1. PLACE OF DEATH

4 County Audrain — Registration District No. 23

Township ..... — Primary Registration District No. 4017

City Benton City (No. ..... St. ..... Ward)

2. FULL NAME Magret Izabell E. Reeds

(a) Residence, ~~No.~~ Benton City 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: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29-1848

7. AGE: YEARS 83 — MONTHS 3 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) Lincoln Co Mo 1

FATHER
13. NAME James Barnes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

MOTHER
15. MAIDEN NAME Elizabeth Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenna 2

17. INFORMANT (ADDRESS) Cora Talbot Rushill Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Benton City Mo DATE 4-4 1932

19. UNDERTAKER (ADDRESS) H. A. Precht & Son Mexico Mo

20. FILED April 4 1932 J. F. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-24 1932 to 4-2 1932

I last saw her alive on 4-2 1932 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchial Pneumonia

107A 162 107A

Other contributory causes of importance:

Senility (1)

Name of operation — Date of —

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) H. E. Corritt, M. D.

(Address) Rush Hill Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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 23 1932

V. S. NO. 2.