

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

Do not use this space.
Dr. M. Carr
15848
File No. _____
Registered No. 348 St. _____ Ward)

1. PLACE OF DEATH
39 *Gene* County _____ Registration District No. 318
3 Township _____ Primary Registration District No. 2001
5 City _____ (No. St. John)
2. FULL NAME *Mary Ann Reed*
(a) Residence, No. _____ St. _____ Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Female</i>	4. COLOR OF RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Widowed</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Child</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 17 1928</i>				
7. AGE	YEARS <i>2</i>	MONTHS <i>10</i>	DAYS <i>25</i>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Child</i>			
	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) <i>Mo</i>				
FATHER	13. NAME <i>James Reed</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>			
MOTHER	15. NAME <i>Paul Reed</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ark</i>			
17. INFORMANT (ADDRESS) <i>James Reed</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Wagelwood</i> DATE <i>5/9</i> 19 <i>22</i>				
19. UNDERTAKER (ADDRESS) <i>Wm. J. Formeyer</i>				
20. FILED <i>5/9</i> 19 <i>22</i> <i>St. John</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

1
21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 7* 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *May 7* 19*32*, to *May 7* 19*32*.
I last saw *her* alive on *May 7* 19*32*. Death is said to have occurred on the date stated above, at *6 P.M.*
The principal cause of death and related causes of importance were as follows:
Choked to death on corn which she had drawn into Bronchus about 2 1/2 hrs. before 1932
Date of onset *32*

Other contributory causes of importance:
choked to death on corn while effort was being made to relieve same

Name of operation *Bronchoscopy* Date of *5-2-32*
What test confirmed diagnosis? *Was there an autopsy? No.*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *(1)* 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? *Child*
If so, specify _____
(Signed) *J. P. M. Carr*, M. D.
(Address) *Springfield 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.

MIN 2-2-1932

WRITE PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

