

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

Do not use this space.

1. PLACE OF DEATH

97 County Saline
Township Grand Pass
City Maesta Bend (No.)

Registration District No. 795
Primary Registration District No. 6038

File No. 21604
Registered No.
St. Ward)

2. FULL NAME Minnie Reed

(a) Residence, No. 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

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L J Reed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 - -
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Mo !

FATHER 13. NAME Dick Brooks

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Everette Thomas

18. BURIAL, CREMATION, OR REMOVAL PLACE Maesta Bend, Mo DATE June 8, 1932

19. UNDERTAKER (ADDRESS) Ferguson & Reed

20. FILED 6-7, 1932 Mrs. Mary Blackburn Registrar (Address) Maesta Bend, Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan. 1, 1922 to June 4, 1932
I last saw him alive on June 4, 1932 Death is said to have occurred on the date stated above, at Maesta Bend, Mo.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
08 108
Other contributory causes of importance: 1

Name of operation None Date of Mo.
What test confirmed diagnosis? Clinical Was there an autopsy? No.

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? No.
If so, specify

(Signed) Geo. A. Stahl, M. D.
Maesta Bend, 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.

FILED 97 1932

WHITE PLAINLY, WITH UNFADING INK—THIS IS A

