

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.

AUG 22 1932

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

Do not use this space.

1. PLACE OF DEATH
 16 County Cape Girardeau Registration District No. 125
 1 Township North St. Francis Hospital Primary Registration District No. 1009
 8 City St. Francis Hospital St. _____ Ward _____
 2. FULL NAME Mary Louise 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.

File No. 22173
 Registered No. 173
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7 - 1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 _____ 5 13 _____
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Cape County, Mo
 FATHER 13. NAME Ellis Reed
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape County, Mo
 MOTHER 15. MAIDEN NAME Bessie Heederman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape County, Mo
 17. INFORMANT (ADDRESS) Miss Bessie Reed Cape Girardeau, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bluff Creek, Mo DATE July 16, 1932
 19. UNDERTAKER (ADDRESS) Printers Hardware Cape Girardeau, Mo
 20. FILED 7-16-32 W. C. Frazier Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1932
 22. I HEREBY CERTIFY, That I attended deceased from July 8, 1932 to July 15, 1932
 I last saw her alive on July 15, 1932 Death is said to have occurred on the date stated above, at 11:30 P. M.
 The principal cause of death and related causes of importance were as follows:
Psychitis Date of onset ?
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 Other contributory causes of importance: athypsis
 Name of operation _____ Date of _____
 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? _____ 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) J. H. Cochran M. D.
 (Address) Cape Girardeau, Mo

