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

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.

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

Do not use this space.

36303

57

1. PLACE OF DEATH

County Lincoln — Registration District No. 491 — File No.

Township Bedford — Primary Registration District No. 5654 — Registered No. 77

City (No. , St. Ward)

2. FULL NAME Euphrasia Reid

(a) Residence, No. 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Lacca Reid

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 31-1846

7. AGE: YEARS 85 — MONTHS 10 — DAYS 25 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home 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.

FATHER

13. NAME: William H. Rector

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Elizabeth Tomlen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): John Calbert

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sulphur Lick — DATE: Nov 28 1932

19. UNDERTAKER (ADDRESS): W. R. Vanwinkle

20. FILED: Nov 27, 1932 — W. P. Smith, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1932, to Nov 26, 1932

I last saw her alive on Nov 26, 1932 Death is said to have occurred on the date stated above, at 8 P. m.

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

Cardio Renal Complication of Old age 45 B 162

I only saw her one time about 2 hours before death

Date of onset

Other contributory causes of importance:

45 B

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) W. P. Smith, M. D.

(Address) Troy Mo