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

Do not use this space.
36638

1. PLACE OF DEATH
79 County Perry — Registration District No. 660 — File No. 59
2 Township Central — Primary Registration District No. 4396 — Registered No.
6 City Perryville (No. ..... St. ..... Ward)

2. FULL NAME Martha Anna Reed
(a) Residence. No. Perryville Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JAN 9 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 23, 1888

7. AGE: YEARS 44 — MONTHS 8 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 725
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry Co. Mo.

PARENTS
10. NAME OF FATHER: Jasper McDowell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Perry Co. Mo.
12. MAIDEN NAME OF MOTHER: Christine Miles
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Perry Co. Mo.

14. INFORMANT: Everett Reed
(Address) Perryville Mo.

15. FILED 11/7, 1932 — Geo. J. Meeker, REGISTRAR — Geo. Meeker

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-6 1932

17. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1932, to Nov 6, 1932, that I last saw her alive on Nov 6, 1932, and that death occurred, on the date stated above, at 6.30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Lives
46E
(duration) one yr. mos. ds.

CONTRIBUTORY (SECONDARY) 466
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH St Louis (3)
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. J. Gahan D.O., M.D.
, 19 (Address) Perryville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery St. Louis Mo. — DATE OF BURIAL: Nov. 9 1932

20. UNDERTAKER: Bey Undertaking Co. — ADDRESS: Perryville Mo.