

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

Do not use this space.

37893

**1. PLACE OF DEATH**

County ..... Registration District No. 78  
 Township ..... Primary Registration District No. 1002  
 City St Louis (No. St Anthony Hospital) St. .... Ward)

File No. ....  
 Registered No. 10650  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1044 Wall St. 25 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 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 Joseph Reid

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25-1865

7. AGE YEARS 66 MONTHS 11 DAYS 14 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
 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) Acton Mo.

13. NAME Thomas D. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Mary Harbours

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT J. J. Evans (ADDRESS) 1300 Cass St

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri Cemetery DATE Nov 30 1932

19. UNDERTAKER Peter Bros (ADDRESS) 302 S Lafayette St

20. FILED NOV 31 1932 May J. Brown Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29 1932

22. I HEREBY CERTIFY, That I attended deceased from November 20, 1932 to November 29, 1932. I last saw her alive on November 29, 1932. 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:

Bronchial Pneumonia Date of onset 11/26  
93c  
107A  
GP  
 Other contributory causes of importance: Myocarditis Chronic May 1932

Name of operation none Date of .....

What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury .....

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 no

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) M. H. Walters M. D.  
 (Address) 3608 S Grand St

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.

