

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

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

Do not use this space.

43

1. PLACE OF DEATH

County Andrew  
Township Amazonia  
City Amazonia (No. ....)

Registration District No. 4000  
Primary Registration District No. 4083-

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

2. FULL NAME Michael F Reddish

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel Reddish</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 13 - 1885</u>		
7. AGE YEARS <u>87</u>	MONTHS <u>6</u>	DAYS <u>12</u>
If LESS than 1 day, .... hrs. or .... min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Indiana</u>		
13. NAME <u>U. Berger</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison Ind.</u>		
15. MAIDEN NAME <u>M. Maddell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Mrs. P. L. Mize</u> (ADDRESS) <u>Amazonia Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Savannah</u> DATE <u>Jan 24</u> 19 <u>33</u>		
19. UNDERTAKER <u>Fred Terhune</u> (ADDRESS) <u>Savannah Mo.</u>		
20. FILED <u>Jan 25</u> 19 <u>33</u> <u>J. W. Folcomb</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1933, to Jan 29 1933  
I last saw her alive on Jan 22 1933 Death is said to have occurred on the date stated above, at 6 A. M.  
The principal cause of death and related causes of importance were as follows:  
Emphysema  
958  
118 758  
Other contributory causes of importance:  
Cardiac Catharsis

Name of operation None Date of .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

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) S. S. Bever, M. D.  
(Address) Amazonia 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.

FEB

1933

