

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

Do not use this space.

9040

1. PLACE OF DEATH

County Daviess Registration District No. 257
Township Maud River Primary Registration District No. 5350
City..... (No..... St..... Ward.....)

2. FULL NAME

Mary E. 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Samuel Reed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20 - 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	79	3	29	

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

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) March - 1923 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethany, Mo.

13. NAME John A. Brown

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

15. MAIDEN NAME Mary F. Niles

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

17. INFORMANT Frank Reed
(ADDRESS) Jamerson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Everly Cemetery DATE

19. UNDERTAKER H. A. Hope
(ADDRESS) Wellsford, Mo.

20. FILED Mar. 22, 1933 Mrs. R. L. Heidecker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 19 - 1933

I HEREBY CERTIFY, that I attended deceased from Jan 1 1933 to Mar 19 1933

I last saw her alive on Mar 10 1933 Death is said to have occurred on the date stated above, at 12:10 P.M.

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

Influenza Date of onset Jan 1 1933

11B

Other contributory causes of importance.....

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? No

If so, specify..... (Signed) J. E. Graham, M. D.

(Address) Jamerson, Mo

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.

APR 24 1933

