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.

JUL 28 1933

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

Do not use this space.

1. PLACE OF DEATH Randolph
County Randolph — Registration District No. 7321 — File No. 20771
Township Moniteau — Primary Registration District No. 4437 — Registered No. 10
City Higbee (No. ..., ... St. ... Ward)

88
4
3

2. FULL NAME Carrie Pearl Reed
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 24 1884

7. AGE — YEARS: 49 — MONTHS: 2 — DAYS: 27 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Randolph Co. Mo.

FATHER
13. NAME John T Lewis.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co. Mo.

MOTHER
15. MAIDEN NAME Sarah Swetman.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co. Mo.

17. INFORMANT (ADDRESS) Will Reed Higbee Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetary Higbee Mo DATE June 23 1933

19. UNDERTAKER (ADDRESS) Joe W Burton Higbee Mo.

20. FILED June 23 1933 C. F. Burkhalter Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1932 to June 21, 1933
I last saw her alive on June 7, 1933 Death is said to have occurred on the date stated above, at 2a. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus — Date of onset

40 48

Other contributory causes of importance:

Name of operation Removed part of uterus Date of Nov 30 32
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) J. W. Wilson, M. D.
(Address) Higbee Mo