CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1934

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

Do not use this space.

11582

1. PLACE OF DEATH
County Scott — Registration District No. 1157 — File No.
Township — Primary Registration District No. 6065 — Registered No.
City Illmo (No. , St. Ward)

2. FULL NAME Shirley Dane 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): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15, 31

7. AGE: YEARS 3 — MONTHS 1 — DAYS 10 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Illmo Mo

FATHER
13. NAME William H. Reed
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McLeansboro Ill.

MOTHER
15. MAIDEN NAME Eliza Magill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McLeansboro Ill

17. INFORMANT (ADDRESS) William H. Reed

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lightner Cem. Illmo Mo DATE Mar 26, 1934

19. UNDERTAKER (ADDRESS) Bispling Hoff & Kubiard Illmo Mo

20. FILED 4-17, 1934 S. J. Dorrin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1934, to Mar 25, 1934
I last saw her alive on Mar 25, 1934. Death is said to have occurred on the date stated above, at 4 A.m.
The principal cause of death and related causes of importance were as follows:

Accidental Burns — Date of onset

181

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) A. Decker, M.D.
(Address) Kelso Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Scott — Registration District No. 1155 — File No.

Township — Primary Registration District No. 6065 — Registered No.

City Illmo (No. , St. Ward)

2. FULL NAME Shirley Dene 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

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

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

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

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 4-17 1934 B. J. Dodson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 25 1934

22. I HEREBY CERTIFY, That I attended deceased from 19, to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

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

Accidental Burns — Date of onset

Other contributory causes of importance: Clothing caught fire while at play in yard — 2 1

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? Accident Date of injury 3-24, 1934
Where did injury occur? At home in yard (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury Clothing caught fire
Nature of injury Burns to body

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) , M. D.
(Address)

SUPPLEMENTARY

N. B.—Every item of [illegible] carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st[illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-11592