

MAY 25 1934

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

Do not use this space.

15563

1. PLACE OF DEATH

County Worth
Township Sherridan
City Sherridan (No. _____)

Registration District No. 904
Primary Registration District No. 8546

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 37 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 af 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25 - 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 — 24

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

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) Peebles Ohio

13. NAME Malcolm Young

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams Ohio

15. MAIDEN NAME Elio A. Hays

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

17. INFORMANT W. H. Hays (ADDRESS) Sherridan Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sherridan Mo DATE April 22 1934

19. UNDERTAKER P. J. Hays (ADDRESS) Sherridan Mo

20. FILED April 22 1934 W. H. Bond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1 1934 to April 19 1934. I last saw her alive on April 19 1934. Death is said to have occurred on the date stated above, at 11-40 a.m.

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

Angina pectoris cont.
hypertension

Other contributory causes of importance: 94

Name of operation _____ Date of _____
What test confirmed diagnosis? inspection Was there an autopsy? no

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. L. Young, M. D.
(Address) Sherridan

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.

... as so that it may be properly cla... filed. Exact statement of OCCUPATION is very important.
... CONTROLLED BY MEDICAL ...

10
11

**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 Worth
Township Shredon
City Shredon (No., St. Ward)

Registration District No. 904
Primary Registration District No. 4546

File No.
Registered No.

2. FULL NAME

Anna Young Reed

(a) Residence, No., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 57 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 19 1934

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

22. I HEREBY CERTIFY, That I attended deceased from to
I last saw him alive on 19..... Death is said to have occurred on the m. above, at..... m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25 - 1855

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 - 24

Other contributory causes of importance:

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

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)) Reelsheher Missouri

13. NAME Wm Young

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

15. MAIDEN NAME Eloza A. Hoops

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

17. INFORMANT (ADDRESS) C. J. Hooper

18. BURIAL, CREMATION, OR REMOVAL PLACE Shredon DATE Apr 22 1934

19. UNDERTAKER (ADDRESS) W. J. Root & Co

20. FILED April 22 1934 Wm. C. H. Bond Registrar

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?
If so, specify
(Signed) M. D.
(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified.

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

APPLEMENTARY

3-15563