

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.

AUG 1 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85  
Township Joseph Primary Registration District No. 1001 File No. 23249  
City St. Joseph (No. St. Joseph Hospital) Registered No. 755 Ward

2. FULL NAME

(a) Residence, No. 2825 Cedar St., Ward. (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>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bennett Hayes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 4-1913</u>		
7. AGE YEARS <u>20</u>	MONTHS <u>9</u>	DAYS <u>28</u>
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. <u>"</u>		
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>St. Joseph, Mo.</u>		
13. NAME <u>John Daniel Reed</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Junction City, Kansas</u>		
15. MAIDEN NAME <u>Mary L. Wilkins</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Joseph, Mo.</u>		
17. INFORMANT <u>Bessie Reed</u> (ADDRESS) <u>1022 Iowa Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Arkland Care</u> DATE <u>July 5-1934</u>		
19. UNDERTAKER (ADDRESS) <u>Rauvey's Mortuary</u> <u>St. Joseph, Mo.</u>		
20. FILED <u>7-5-</u> 19 <u>34</u> <u>John A. Bender</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from patient dead 19   when seen 19  .  
I last saw h. alive on 19  . Death is said to have occurred on the date stated above, at 4:00 p.m.  
The principal cause of death and related causes of importance were as follows:  
Heat Exhaustion  
Chronic myocarditis  
pregnancy  
Date of onset 9/30

Other contributory causes of importance 1911

Name of operation none Date of   

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury   , 19    
Where did injury occur? no (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) Cabrey Wortley, M.D. M. D.  
(Address) 731 Farson St., St. Joseph, Mo.

(acting coroner)

