

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

Do not use this space.

24082
373

1. PLACE OF DEATH Greene
 County Greene Registration District No. 228
 Township Springfield Primary Registration District No. 2001
 City Springfield No. 1120 St. Dr. Miller St. _____ Ward _____
 2. FULL NAME Susan Williams Reed
 (a) Residence, No. 1120 Dr. Miller 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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

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 Sam A. Reed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 - 1853
 7. AGE YEARS 81 MONTHS 3 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.
 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. In home
 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) Jenn

FATHER 13. NAME John Turner

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

MOTHER 15. MAIDEN NAME Edith Weston

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

17. INFORMANT (ADDRESS) Elizabeth A. Holmes
Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE East Lawn Cemetery DATE July 5, 1934

19. UNDERTAKER (ADDRESS) W. H. Kingery & Co
Springfield, Mo.

20. FILED 7-5, 1934 Alphred Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1-34

22. I HEREBY CERTIFY That I attended deceased from 5-11-34 to 7-1-34

I last saw her alive on 7-1-34 Death is said to have occurred on the date stated above, at 9:50 AM

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

Chronic Hypertensive
Cardio-Vascular Disease
95
95 mm
Other contributory causes of importance:
General Arteriosclerosis

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) W. H. Kingery & Co

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.

