

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

Do not use this space.

42110

1. PLACE OF DEATH

County Buchanan Registration District No. 86
 Township Washington Primary Registration District No. 5127
 City St. Joseph, Mo. (No. 1329 W. Nelson St. Webb City, Mo. Ward)

File No. _____
 Registered No. 108

2. FULL NAME Harriette Rosannah Reeder

(a) Residence, No. 1329 W. Nelson, Webb City, Mo. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 3

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) Webb City, Mo.

13. NAME Ralph R. Reeder

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

15. MAIDEN NAME Mrs. Harriette Reed

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

17. INFORMANT Ralph Reeder (ADDRESS) Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carthage, Mo. DATE Dec 12, 1934

19. UNDERTAKER Fleeman Mortuary (ADDRESS)

20. FILED Dec 11, 1934 J. J. B. [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1934 Dec 11, 1934
 I last saw him alive on Dec 10, 1934 Death is said to have occurred on the date stated above, at 12:10 p.m.

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

Atelostasis Nematocera
Dec 9-34

Other contributory causes of importance:
None

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) [Signature], M. D.
 (Address) [Address]

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.

