

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

Do not use this space.

JAN 16 1935

722

1. PLACE OF DEATH

County Davie Registration District No. 250
 Township Primary Registration District No. 4150
 City Gallatin (No. St. Ward)

2. FULL NAME Virgie Mae Reed

(a) Residence, No. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 40 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 1891

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	42	6	21	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Jan. 1932

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Missouri

FATHER 13. NAME Dock Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray, Co. Missouri

MOTHER 15. MAIDEN NAME Julia Ann Andrews

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

17. INFORMANT (ADDRESS) Mrs. Emma Walker Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Herndon Cemetary DATE Jan. 10 1935

19. UNDERTAKER (ADDRESS) Hope Furniture & Undt. Co. Gallatin, Mo.

20. FILED 1-10-1935 Ph. Erdman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8 1935

22. I HEREBY CERTIFY, That I viewed deceased from Jan - 8 - 1935, to Jan 8 - 1935, 19...
 Last saw alive on Jan 8 - 1935 Death is said to have occurred on the date stated above, at 6:20 PM

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

Pulmonary Tuberculosis Date of onset unknown

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Clinical 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? If so, specify (Signed) H. A. Hope, acting coroner M.D.
 (Address) Gallatin, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

