

JUN 2 1 1935

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

Do not use this space.

16359 ✓

1. PLACE OF DEATH

County Jackson  
Township Blue  
City Franklin

Registration District No. 398  
Primary Registration District No. 5554  
No. 522 South Cedar

File No. \_\_\_\_\_  
Registered No. 167  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 522 Cedar 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Reader

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
51 10 4

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

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) Columbia Missouri

13. NAME Samuel B. Reader

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

15. MAIDEN NAME Harriet Ann Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Missouri

17. INFORMANT (ADDRESS) Sam B Reader 522 Cedar

18. BURIAL, CREMATION, OR REMOVAL Grounds DATE May 27 1935

19. UNDERTAKER (ADDRESS) George C. Carson Independence Mo

20. FILED 5-28-35 1935 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1935

22. I HEREBY CERTIFY That I attended deceased from May 20, 1935, to May 25, 1935

I last saw him alive on 5/25, 1935. Death is said to have occurred on the date stated above, at 12:00 P.M.

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

Cardiac Failure

Date of onset

Other contributory causes of importance:

Auricular fibrillation  
mitral regurgitation  
cardiac hypertrophy

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? None Was there an autopsy? Yes

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 Fred W. Blackwood

(Signed) \_\_\_\_\_ M. D.

(Address) Seeger Creek, Mo

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.

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