

SEP 10 1935

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

Do not use this space.

26033

1. PLACE OF DEATH

County DaviessRegistration District No. 255Township ColfaxPrimary Registration District No. 5356City Winstonsville (No. _____)

St. _____ Ward _____

2. FULL NAME

Mrs Emma Melvina Reid(a) Residence, No. Winstonsville 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert A Reid6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 - 18717. AGE YEARS 63 MONTHS 9 DAYS 23 IF LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Jamesport Mo13. NAME Yassar Maxwell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Emily Hamilton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT Daughter Mrs Fred Edwards18. BURIAL, CREMATION, OR REMOVAL PLACE Winstonsville DATE Aug 14 193519. UNDERTAKER Mrs Kate Sharp20. FILED Aug 13 1935 F. W. Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 193522. I HEREBY CERTIFY, That I attended deceased from Marion, 1935, to Aug 11, 1935I last saw her alive on Aug 11 1935. Death is saidto have occurred on the date stated above, at 8 a.m.

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

malignant metastatic carcinomaDate of onset about
Marion
1935

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis? biopsy 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) Fred W. Wilson, M. D.(Address) Winstonsville 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

