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.

APR 21 1936

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

Do not use this space.

11341

1. PLACE OF DEATH

County: Lafayette — Registration District No.: 461 — File No.: 32

Township: Lexington — Primary Registration District No.: 3-0-2-4 — Registered No.:

City: (No. , St. Ward)

2. FULL NAME Mary E. Reed

(a) Residence, No. St., Ward. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fe	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Orville T. Reed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 28, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	70	3	26	

OCCUPATION

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

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): Fairfield Iowa

FATHER

13. NAME: Wm Plusky

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Prussia

MOTHER

15. MAIDEN NAME: Martha Shepard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

17. INFORMANT (ADDRESS): Maj. O.W. Reed Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Norton, Kan. DATE: Mar. 26, 1936

19. UNDERTAKER (ADDRESS): Winkler Lexington, Mo.

20. FILED: Mar 24, 1936 Faye B. Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 23 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~Mary E. Reed~~ Mar 3, 1936, 19, to Mar 23, 1936

I last saw her alive on Mar 21, 1936 Death is said to have occurred on the date stated above, at 11:50 pm

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

Chronic Myocarditis

93C

Other contributory causes of importance: Arterial Sclerosis & Hypertension

Date of onset

Name of operation: — none 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) B H Brasher, M. D.

(Address) Lexington Mo