

JUN 16 1936

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

Do not use this space.

19870

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kennett Primary Registration District No. 1002
City Kansas City (No. St. Joseph Hospital) St. Independence Ward 76

2. FULL NAME

Mrs Susie Anna Reed
(a) Residence, No. 115 Spring St., Independence Mo. Ward. 76
(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 Fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-10-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 8 18

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) Birmingham
Alabama

13. NAME Moses Morse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Haverhill
Mass

15. MAIDEN NAME Susan C Morton

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

17. INFORMANT (ADDRESS) Mrs O M Hindley
Independence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Moriah DATE June 15, 1936

19. UNDERTAKER (ADDRESS) Quincy & Sons
Kansas City Mo

20. FILED May 31, 1936 M. M. Groves
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-26 1936 to 5-29 1936

I last saw her alive on 5-28 1936. Death is said to have occurred on the date stated above, at 11:30 p.m.

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

may 24 - Coronary Occlusion
946

Other contributory causes of importance: hypertension years

Name of operation P.M. Date of yes

What test confirmed diagnosis? P.M. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 1936

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no (Signed) J. M. Beckman, M. D.
(Address) 406 Walden

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PER.

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.

AT

406 Waldheim

13₁ - 21₅ pm