

OCT 1 1936

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

Do not use this space.

1. PLACE OF DEATH

County Vernon
Township Walker
City (No. _____) _____

Registration District No. 880
Primary Registration District No. 6145

File No. 33454
Registered No. 15
St. _____ Ward _____

2. FULL NAME

Olin C. 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 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 - 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
23 9 28

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) mo

13. NAME Tham Woodless

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

15. MAIDEN NAME Ellen Russell

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

17. INFORMANT Mrs. Jas. M. Jager
(ADDRESS) Walker mo

18. BURIAL, CREMATION, OR REMOVAL burial
PLACE Newton DATE Aug 17 1936

19. UNDERTAKER Overwagener
(ADDRESS) Walker mo

20. FILED 8/15 1936 C. B. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 9 1934, to Aug 16 1936

I last saw her alive on Aug 15 1936. Death is said

to have occurred on the date stated above, at 12:45 A.M.

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

Coronary Insufficiency Date of onset _____

Other contributory causes of importance:
Arterio Sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical 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? no

If so, specify _____

(Signed) C. B. Davis, M. D.(Address) Walker 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.

