

DEC 30 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County PolkRegistration District No. 705Township BentonPrimary Registration District No. 5934City Halfway (No. ....)

42210

File No. ....

Registered No. 72

St. .... Ward)

2. FULL NAME Simon Reedy

(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 male 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 Geo. Ann Reedy6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 18707. AGE YEARS 66 MONTHS 10 DAYS 3 If LESS than 1 day, ..... hrs. or ..... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Ill.13. NAME Simon Reedy14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.15. MAIDEN NAME Hannah Stepic16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.17. INFORMANT (ADDRESS) Geo. Ann Reedy  
Halfway Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Ragsdale DATE Nov. 20 193619. UNDERTAKER (ADDRESS) Hulcheson-Blue  
Bolivar Mo20. FILED 11-20 1936 Mary Camel  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1936, to Nov 18, 1936I last saw him alive on Nov 18, 1936 Death is said to have occurred on the date stated above, at 11 A. M.

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

Bronchial Pneumonia Date of onsetOther contributory causes of importance None

Name of operation .....

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 .....

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) J. W. Rink, M. D.(Address) Halfway Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X734

