

**COMMONWEALTH OF MASSACHUSETTS
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

APR 22 1937

12816

1. PLACE OF DEATH
 County Newton Registration District No. 615- File No. 12816
 Township Mansion Primary Registration District No. 5817 Registered No. 6
 City Newton (No.) St. Ward

2. FULL NAME Martha Harriet Reed
 (a) Residence. No. Diagonal 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry E. Reed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7 - 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 8 23

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lawrence County
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Charles Shipman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Knoxville Tenn.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Fanny Rooney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pierce City Mo.
 (STATE OR COUNTRY)

14. INFORMANT Chapman E. Reed
 (Address) Diagonal No.

15. File April 1st 1937 Registrar Mrs. W. S. Chapman

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19 1937

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1937, to April 19, 1937 that I last saw h. alive on April 19, 1937 and that death occurred, on the date stated above, at 4:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) Intermittent nephritis (duration) 3 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) C. E. Manega, M. D.
 , 19 (Address) Newton Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Diamond Cemetery Apr. 2 1937

20. UNDERTAKER ADDRESS
Richard Brookshire Newton 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.

