APR 26 1937

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

Do not use this space.

1. PLACE OF DEATH
County Pulaski — Registration District No. 712 — File No. 13070
Township ~~Liberty~~ — Primary Registration District No. 4427 — Registered No. 7
City Richland (No. ..... St. ..... Ward)

85

3

2. FULL NAME Ulalia Reid

(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: 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: CC Reid

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 9-1858

7. AGE: 235 — YEARS: 78 — MONTHS: 6 — DAYS: 9 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
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): 1936
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

FATHER
13. NAME: J. K. Ashley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Malissia Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): CC Reid Richland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Lawn DATE: 3/20 1937

19. UNDERTAKER (ADDRESS): R B Dupee Richland, Mo

20. FILED: 3-18 1937 Everett A. Oliver
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/18, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1937, to March 18, 1937
I last saw her alive on March 12, 1937. Death is said to have occurred on the date stated above, at 4:50 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Paralysis Agitans. | 1936 |
| Other contributory causes of importance: Arteriosclerosis | 1933 |

Name of operation: None — Date of .....
What test confirmed diagnosis? Bed side. — 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) Everett A. Oliver, M. D.
(Address) Richland, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.