

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.

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH  
 County Randolph Registration District No. 735 File No. 24685  
 Township St. Louis Primary Registration District No. 3034 Registered No. 162  
 City Renick Mo. (No. ....) St. .... Ward)

2. FULL NAME Elizabeth C. Reed  
 (a) Residence, No. Renick Mo. St. .... Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 10 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23 1888

7. AGE YEARS	MONTHS	DAYS	IF LESS THAN 1 day, .....hrs. or .....min.
<u>49</u>	<u>7</u>	<u>15</u>	

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) .....

FATHER

13. NAME James Reed

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

MOTHER

15. MAIDEN NAME .....

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

17. INFORMANT (ADDRESS) Rita Reed "Daughter" 3113 2013

18. BURIAL, CREMATION, OR REMOVAL PLACE ..... DATE Jan. 15 1937

19. UNDERTAKER (ADDRESS) .....

20. FILED Jan 14 1937 Ethel Fletcher Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17 1937

22. I HEREBY CERTIFY, That I attended deceased from January 10 1937 to June 13 1937  
 I last saw her alive on June 13 1937. Death is said to have occurred on the date stated above, at ..... m.  
 The principal cause of death and related causes of importance were as follows:  
Cancer involving liver and other abdominal and pelvic organs -  
40  
 Other contributory causes of importance: None

Name of operation None Date of .....  
 What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

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? Yes  
 If so, specify ..... (Signed) M. R. Noe, M. D.  
 (Address) .....

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