

AUG 11 1937

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

Do not use this space.

26442
3255

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson
Township Kaw
City Ke Mo.

Registration District No. 377
Primary Registration District No. _____
(No. 3808 E 1927)

2. FULL NAME

(a) Residence, No. 3808 E 1927 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 fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 1859

7. AGE YEARS 78 MONTHS 11 DAYS 15
If LESS than 1 day, _____ hrs. or _____ min.

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) Ill13. NAME Winkenshaw14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winkenshaw15. MAIDEN NAME Ann Johnson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winkenshaw17. INFORMANT Miss Clara Dungan
(ADDRESS) 3808 E 192718. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 7-30-3719. UNDERTAKER (ADDRESS) Wm. C. Foster
918 S. 2nd St.20. FILED July 28 1937 M. M. Orborn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 193722. I HEREBY CERTIFY That I attended deceased from 1934 19 _____ to July 28 1937I last saw her alive on July 28 1937 Death is saidto have occurred on the date stated above, at 12:15 p.m.

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

Date of onset

Chronic Endocarditis

Other contributory causes of importance:

Chronic Hepatitis? 131
Emphysema

Name of operation _____ Date of _____

What test confirmed diagnosis? Inspection 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 _____, 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? _____

If so, specify _____

(Signed) Calvin A. Beard, M. D.(Address) 2007 Bryant Blvd.

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

2:50 PM

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

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26442

3155

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No.....)..... St..... Ward.....

File No.....
Registered No.....

2. FULL NAME

(a) Residence, No. 3808 E 19th 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-28-37

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-13-1860

....., 19....., to....., 19.....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 1 15

I last saw him..... alive on....., 19..... 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:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....
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.....

Date of onset

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

Other contributory causes of importance:

13. NAME.....

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS).....

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury.....

PLACE..... DATE....., 19.....

19. UNDERTAKER (ADDRESS).....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

20. FILED 7-28-37 M. M. M. M. M. Registrar.

(Signed)....., M. D.

(Address).....

SUPPLEMENT

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

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