

REC'D MAR 13 1939

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

5929  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
(b) Township St. Joseph Primary Registration District No. 507  
(c) City St. Joseph (d) Street No. 510 South 12th St.  
(e) Length of residence in city or town where death occurred 42 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

MARIA M REED  
(a) Residence, No. 510 South 12th St St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William E. Reed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28, 1858  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 4 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as 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) New York

13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Austin Smith

18. BURIAL, CREMATION, OR REMOVAL PLACE McLuburn DATE Feb 11, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Barry-Wylie Funeral  
218 South 10th St Home

20. FILED Feb 9 1939 A. H. Reschbusch  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1939, to Feb 9, 1939

I last saw her alive on Feb 9, 1939. Death is said to have occurred on the date stated above, at 5:45 A.M.

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

Coronary occlusion, Thrombosis  
A.H.P.

Date of onset

2-9-39

Other contributory causes of importance:  
Heart failure, hyperten. 1-25-39  
and congestive

Name of operation ✓ Date of ✓  
What test confirmed diagnosis? Clinical 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 No  
(Signed) Thos. Redmond, M. D.  
(Address) 328 Kirkpatrick Bldg.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

*D. E. Ryan*

or by

Registered Apprentice No....., working under my personal supervision.

Signed

*D. E. Ryan*

Licensed Embalmer No. *3613*

P. O. Address

*St. Joseph, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**