

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.

JAN 16 1940

JAN 15 1940

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

Do not use this space.

3157

1. PLACE OF DEATH

County New Madrid
Township Quilman
City Osage

Registration District No. 55
Primary Registration District No. 4033

File No. 10
Registered No. 1403
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Main St. _____ Ward _____

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 7, 1892

7. AGE YEARS 47 MONTHS 8 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lost with law
10. Date deceased last worked at this occupation (month and year) Jan 1940 11. Total time (years) spent in this occupation 2

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

MOTHER 13. NAME William Jason

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

15. MAIDEN NAME Lorane Moore

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

17. INFORMANT Charles P. Reed (ADDRESS) Osage mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Buffington DATE 1/4 19. UNDERTAKER (ADDRESS) St. S. Martin Osage Mo

20. FILED Jan 10 1940 M. V. Mumma Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3, 1940

22. I HEREBY CERTIFY, That I attended deceased from 12-30, 1939, to 1-2, 1940. I last saw him alive on 12-30, 1939. Death is said to have occurred on the date stated above, at 2 a m. The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Other contributory causes of importance: g-b

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Red T. Johnson, M. D.
(Address) Osage mo

140-531
1-15