

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.

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

Do not use this space.

## 1. PLACE OF DEATH

County McDonald Registration District No. 315 File No. 7277  
Township PRAIRIE Primary Registration District No. 43115 Registered No. \_\_\_\_\_  
City Noel-Mo-Rfi (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mattie Elizabeth Kasey Reed

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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

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 Otie Watson Reed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11th 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 00 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. School Teacher and Housekeeper  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Teacher and Housekeeping  
10. Date deceased last worked at this occupation (month and year) 1 week 11. Total time (years) spent in this occupation Life

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

13. NAME William Ratliff

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

15. MAIDEN NAME Nannie Cazad

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

17. INFORMANT Harry M Reed  
(ADDRESS) 6942 Leedale Drive

18. BURIAL, CREMATION, OR REMOVAL St Louis Mo  
PLACE Southwest City DATE July 7th 1937

19. UNDERTAKER Nichols Brothers  
(ADDRESS) Southwest City Mo

20. FILED 7/7 19 37 John J. Nichols Registrar (Address) Southwest City, Mo

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6th 1937

I HEREBY CERTIFY, That I attended deceased from June 26, 1937, to July 6, 1937  
I last saw her alive on July 5, 1937. Death is said to have occurred on the day stated above, at 12:40 A.M.  
The principal cause of death and related causes of importance were as follows:

apoplexy  
Date of onset June 26, 37  
Other contributory causes of importance: Hypertension

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) R. R. Karmach M. D.  
(Address) Southwest City, Mo

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