

DEC 22 1930

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

Do not use this space.

35810

1. PLACE OF DEATH

County Henry
Township Copper
City Darlington (No.)

Registration District No. 310
Primary Registration District No. 5429A

File No.
Registered No. 71 St. Ward)

2. FULL NAME

Sutherland Reed

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

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 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 Chas. V. Reed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 10 - 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 9 20

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sty.

10. NAME OF FATHER Calvin M. Rogers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.
12. MAIDEN NAME OF MOTHER Elizabeth Rose
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Robert Reed
(Address) Albany Mo.

15. FILED 31 1930 Walter Reed
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1930, to Nov. 30, 1930, that I last saw him alive on Nov. 30, 1930, and that death occurred, on the date stated above, at 8:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute degeneration of heart

95% (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. S. Campbell, M. D.
Dec 8, 1930 (Address) Albany Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Pattonsburg Mo. Dec. 1 1930
20. UNDERTAKER ADDRESS
Ac. To Base Albany Mo.

