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

Do not use this space.

31782

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. [illegible]

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. 9582

2. FULL NAME Issra Reid

(a) Residence. No. 2728 Dickson St., 21 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: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: abt 52 YEARS; MONTHS ✓; DAYS ✓; If LESS than 1 day, ... hrs. or ✓ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Miss.

PARENTS

10. NAME OF FATHER: Reuben Brewster

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Miss

12. MAIDEN NAME OF MOTHER: Clora Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Miss

14. INFORMANT: Elias Reed
(Address): 2728 Dickson

15. FILED [illegible] 7, 19[illegible] Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 8th, 1930, to Aug 25, 19.., that I last saw her alive on Sept 20, 1930, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: X 131

Dropsy 958

Chronic (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Nepritis + Cardiac Insuf

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1 2 9 A

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) E. L. Fearn, M. D

10-6, 1930 (Address) 2738 Dickson

*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: Father Dickson Cemetery

DATE OF BURIAL: Oct 8 1930

20. UNDERTAKER: J. C. Thomas

ADDRESS: 3111 LACLEDE