

NOV 13 1934

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

Do not use this space.

35236

1. PLACE OF DEATH

County BuchananRegistration District No. 95

Township

Primary Registration District No. 1City St Joseph(No. Albany)St. Mary Hop Ward

File No.

Registered No. 11192. FULL NAME Anna Bynnes Reed(a) Residence, No. Albany Mo

St.

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

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

W. I. Reed 15

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

Sept 15 1869

7. AGE

YEARS

MONTHS

DAYS

if LESS than 1 day, hrs. or min.

65016

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, 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)

Albany Mo

13. NAME

Charles Bynnes

FATHER

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

Philadelphia Penn

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

W. I. Reed Albany Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Albany Mo

DATE

Oct 3 34

19. UNDERTAKER (ADDRESS)

Ed German Funeral Home

20. FILED

10-1-34St Joseph Mo

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

October 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Sept 161934, toOct 1, 1934I last saw her alive on Oct 1, 1934. Death is saidto have occurred on the date stated above, at 10:30 a. m.

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

Multiple hepatic abscesses Date of onset125B (Aspiration)
125B

Other contributory causes of importance:

chronic cholecystitis
adhesions of small
bowel
with hepatic abscess
and emphysema

Name of operation

Date of?

What test confirmed diagnosis? Aspiration Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 1934

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

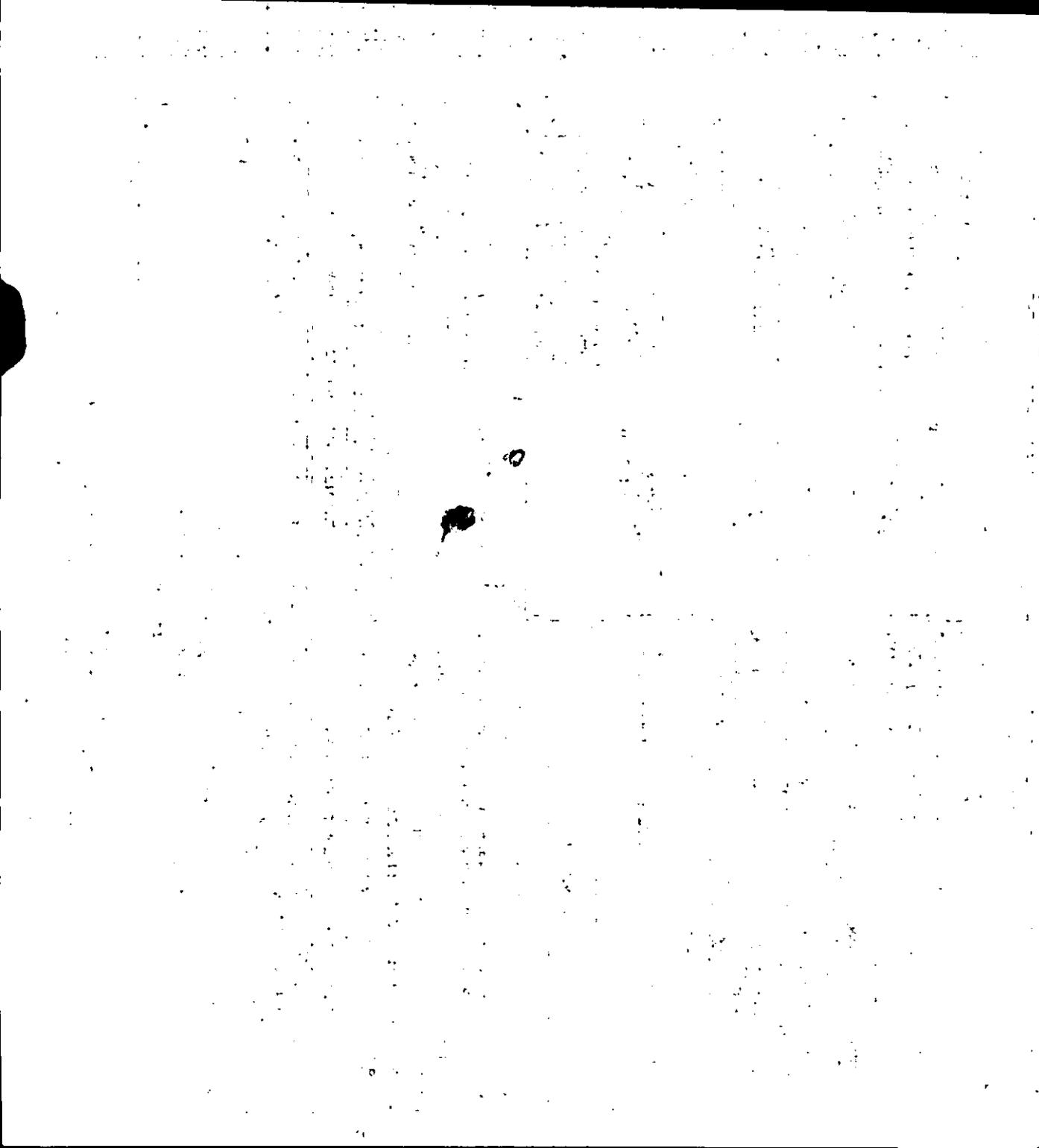
If so, specify

(Signed) J. J. Walker(Address) Mary Hospital
St Joseph Mo

, M. D.

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.

THIS IS A PERMANENT RECORD



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Buchanan

Registration District No. 86

Township St Joseph

Primary Registration District No. 1001

City St Joseph (No. _____ St. _____ Ward)

File No. _____

Registered No. 1119

2. FULL NAME

Anna Byrnes Reed

(a) Residence, No. _____ St. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar.

5A. IF MARRIED, WIDOWED, OR DIVORCED. HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 15 - 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 65 0 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, 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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL _____

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED _____ 19 _____

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 1 - 1934

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19 _____

I last saw him alive on _____, 19 _____ Death is said to have occurred on the date stated above, at _____ m.

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

Multiple hepatic abscesses
adhesions

Date of onset _____

and gall stones

Other contributory causes of importance:

Cholerae septica
adhesion of bowels

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) _____, M. D.

(Address) _____

John P. Bender
Registrar

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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