

26 1936

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

16634-A
Do not use this space.
16734
16734-1

1. PLACE OF DEATH
County St. Louis Registration District No. 715
Township Central Primary Registration District No. 3037
City Highwood, Mo. (No. 210 Reedway Drive)
2. FULL NAME Mrs. Eliza Reed
(a) Residence, No. 210 Reedway Drive 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1841
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 95 — — —

OCCUPATION
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. Housework
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER FATHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "
15. MAIDEN NAME "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

MOTHER FATHER
17. INFORMANT Mrs. Sottie Gillespie
(ADDRESS) 210 Reedway Drive
18. BURIAL, CREMATION, OR REMOVAL PLACE Funette Cem. DATE May 2, 1936
19. UNDERTAKER W. C. Gordon Undertaking Co.
(ADDRESS) 2647 N. Almer Blvd. - St. Louis, Mo.
20. FILED 5-1- 1936 Agnes C. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1936
22. I HEREBY CERTIFY, that I attended deceased from 4/23, 1936 to 4/29, 1936
I last saw him alive on 4/24, 1936 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:

Branches (Cerebral) Date of onset
110
Other contributory causes of importance:
Asphyxia

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) A. L. Pennington M. D.
(Address) 210 Reedway Drive

