

JUL 29 1936

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

Do not use this space.

25236

1. PLACE OF DEATH

County StoddardRegistration District No. 839Township RichlandPrimary Registration District No. 6101City Richland (No.)File No.
Registered No. 27 St. Ward)2. FULL NAME Ethel Mae 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 Cel 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19 19367. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 2OCCUPATION
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) MoMOTHER FATHER
13. NAME Blorance Reed14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark15. MAIDEN NAME Elmora Raeburn16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark17. INFORMANT (ADDRESS) Blorance Reed18. BURIAL, CREMATION, OR REMOVAL PLACE Parma Mo DATE June 21 3619. UNDERTAKER (ADDRESS) none20. FILED 6 21 36 J. J. Brundage Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21 193622. I HEREBY CERTIFY, That I attended deceased from June 19 1936 to June 21 1936I last saw h. or alive on June 20 1936 Death is saidto have occurred on the date stated above, at 6 p.m.

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

Cholera Infantum Date of onset

Other contributory causes of importance:

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..... H. J. New M. D.(Signed)..... (Address)..... Evans Mo

