REC'D MAY 22 1939

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

Do not use this space.

15530

1. PLACE OF DEATH
County Mississippi — Registration District No. 566 — File No.
Township Tywappity — Primary Registration District No. 3030 — Registered No. 37
City Charleston (No. , St. Ward)

67 3 1

2. FULL NAME Kathrine Reed
(a) Residence, No. 606 S Locust Charleston, St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 3 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch. 16, 1919

7. AGE: YEARS 20 — MONTHS 0 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): 1938
11. Total time (years) spent in this occupation: 2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss. Co. NRK

FATHER
13. NAME: Sydney Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Haven Conn.

MOTHER
15. MAIDEN NAME: Emma Lewis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

17. INFORMANT (ADDRESS): Sydney Moore, Charleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Oak Grove C.
PLACE: Miss. Co. DATE: 4-8-1939

19. UNDERTAKER (ADDRESS): Shelby Undertaking Co. East Prairie, Mo. by Frank Shelby

20. FILED: 4-7-1939 F. D. Vernon, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1st, 1939, to Apr. 7, 1939
I last saw her alive on Apr. 1, 1939. 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:

	Date of onset
Pulmonary Tuberculosis	6 months
23	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

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? no
If so, specify .....
(Signed) W. S. Love, M. D.
745 (Address) Charleston, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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