REC'D JUN 20 1939

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

18367
Do not use this space.

1. PLACE OF DEATH
(a) County Clark Co. Registration District No. 189
(b) Township Clay Primary Registration District No. ~~5263~~ 5275 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 300 Mary Eliza Reid
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-2-1855
7. AGE YEARS 84 MONTHS 2 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Jan 1-39
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winchester Mo 0

FATHER
13. NAME John Crooks 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 0

MOTHER
15. MAIDEN NAME Armilda Buskirk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co Mo

17. INFORMANT (ADDRESS) Frank Reid
18. BURIAL, CREMATION, OR REMOVAL
PLACE Day-Cem DATE 5-8 1939
19. FUNERAL DIRECTOR (ADDRESS) H. D. Kelly Canton Mo
20. FILED May 12 1939 Dr F A S Rebo Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1939
22. I HEREBY CERTIFY, That I attended deceased from March 15 1939, to May 6 1939
I last saw her alive on May 5 1939. Death is said to have occurred on the date stated above, at 5:15 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Vobulor
Heart disease

Date of onset

Other contributory causes of importance: 92 W

Name of operation none 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? no
If so, specify
(Signed) J. M. Riggs, M. D.
173 (Address) Wayland Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X12004

RECEIVED
District Health Officer No. 10
10-39-1094
JUN 6 1939

STATEMENT BY LICENSED EMBALMER

I, W. F. Kelly, Licensed Embalmer No. 1955

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. F. Kelly

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)