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

Do not use this space.
5890
File No. 966
Registered No.

1. PLACE OF DEATH
County St Francois Registration District No. 174
Township St Francois Primary Registration District No. 6018
City Flat River (No. ..... St. ..... Ward)

2. FULL NAME Mary Reeder

(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.

MAR 9 1932

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~~: Rich Reeder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 30th 1879

7. AGE: YEARS 52 | MONTHS 9 | DAYS 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 35
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own home
10. Date deceased last worked at this occupation (month and year): 2-9-32
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo 31

FATHER
13. NAME: Thomas Swanfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina 28

MOTHER
15. MAIDEN NAME: Mary Hargrah Rogers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo - 1

17. INFORMANT (ADDRESS): Rich Reeder Flat River Mo

18. BURIAL, CREMATION, OR REMOVAL: Park View Cem Flat River DATE 2-11 1932

19. UNDERTAKER (ADDRESS): Caldwell Bros Flat River Mo

20. FILED Feb 24 1932 W C Bryan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-9, 1932, to 2-9, 1932
I last saw h.~~er~~ alive on 2-9, 1932. Death is said to have occurred on the date stated above, at 11:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	2-9-32
82 A	

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) C B Bryan, M. D.
(Address) Flat River Mo

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.

WHITE PAPER, WITH CARBON INSERTED. THIS IS A PERMANENT RECORD