

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

Do not use this space.

30717

File No. 385-
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County St. Francois Registration District No. 774
Township _____ Primary Registration District No. 6018 B
City Flat River (No. _____) St. _____ Ward _____

2. FULL NAME

Lucy Joanna Reeder
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE (W) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry C Reeder
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 7 25

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) St. Genevieve Mo

13. NAME Joseph Pinkston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Mo

15. MAIDEN NAME Nancy Ann Drackley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Roscoe Reeder (ADDRESS) Flat River Mo

18. BURIAL, CREMATION, OR REMOVAL Littleton Cemetery DATE 9-13-33

19. UNDERTAKER Baldwell Bros (ADDRESS) Flat River Mo

20. FILED Sept 30 1933 W. J. Bryan - ml Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 1933

22. I HEREBY CERTIFY, That I attended deceased from August 27, 1933, to Sept. 11, 1933
I last saw him alive on Sept. 11, 1933. Death is said to have occurred on the date stated above, at 8:00 P.M.
The principal cause of death and related causes of importance were as follows:

Paralysis with gradual weakening until death.
Cerebral Apoplexy
Other contributory causes of importance: 020
020

(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? No
If so, specify _____
(Signed) J. A. Guelhan X D. O.
(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.

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