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

Do not use this space.

1. PLACE OF DEATH
County Grundy
Township
City Trenton (No. ... St. ... Ward)
Registration District No. 330
Primary Registration District No. 3017
File No. 4676
Registered No.

2. FULL NAME Letha June Reams
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18-1926

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
1	7	17-18 19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Trenton
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Earnest Reams
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Letha Woodall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT Earnest Reams
(Address) 1551 Cedar Trenton Mo

15. FILED Feb 7 1928 E. A. Duffy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5 1928

17. I HEREBY CERTIFY, That I attended deceased from 5 Febr 1928, to 5 Febr 1928 that I last saw her alive on 5 Febr 1928, and that death occurred, on the date stated above, at 6 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
9
107R
(duration) yrs. mos. 2 & 3 ds.

CONTRIBUTORY (SECONDARY) Pertussis - (Whooping Cough)
(duration) yrs. mos. 28 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phys. signs & history
(Signed) E. A. Duffy, M. D
6 Febr 1928 (Address) Trenton Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Add Fellow
DATE OF BURIAL Feb 6 1928

20. UNDERTAKER Gipson Furn Co
ADDRESS Trenton Mo

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.

1928