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

Do not use this space.
6921

1. PLACE OF DEATH
County St Louis Mo. Registration District No.
Township Primary Registration District No.
City (No. Mo. Pacific Hosp St. Ward)

File No.
Registered No. 18000

2. FULL NAME Hubbart M. Reed.
(a) Residence. No. 3826 N. 23rd St. St., 20 Ward. Sedalia Mo. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. One mos. 15 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 6 - 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	6	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Machinist Helper
(b) General nature of industry, business, or establishment in which employed (or employer) Railroad
(c) Name of employer Mo. Pac RR

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

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

14. INFORMANT Records of Hosp obtained from attendant
(Address) Phil Loring.

15. FILED FEB 21 1928 26 N. 23 St. Max C. Starcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1928, to Feb 20, 1928, that I last saw him alive on Feb 20 1928, and that death occurred, on the date stated above, at 8 p.m. 30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Infarct Septic due to Embolism of right Lung 1095 1095 1192
119 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Hemorrhoids & Rectal Abscess
following Operation for Indolent Hemorrhoids (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ?
IF NOT AT PLACE OF DEATH? ?

2 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1/19/28, 1/27/28
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Observation
(Signed) Jerome S Levy M. D
2/20/1928 (Address) Mo Pac Hosp

*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 Sedalia Mo. DATE OF BURIAL Feb 21 1928
20. UNDERTAKER Roy Leidner Undertaker ADDRESS 1417 N. Market.

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.