1928

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

Do not use this space.

17923

1. PLACE OF DEATH
County Newton — Registration District No. 612 — File No.
Township Van Buren — Primary Registration District No. 5814 — Registered No.
City (No. St. Ward)

2. FULL NAME Laura Catherine Reed
(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) Nov. 27, 1922.
7. AGE: Years 5, Months 6, Days 4. If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Joplin Mo.

PARENTS
10. NAME OF FATHER: G. S. Shebus
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Laura C Braustette
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Warsaw Mo.

14. INFORMANT (Address): Mrs Laura C. Reed Neosho Mo.
15. FILED June 8 1928 U. P. Moody REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31 1928
17. I HEREBY CERTIFY, That I attended deceased from May 14, 1928, to May 20, 1928, that I last saw her alive on May 14, 1928, and that death occurred, on the date stated above, at 4 30 A m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Flu. Broken back about 4 years ago
11B (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 11B (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Ritchey Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) D. E. Cullers, M. D
June 1, 1928 (Address) Neosho 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: Gibson Cemetery — DATE OF BURIAL: June 1 1928
20. UNDERTAKER: Jae Hutman — ADDRESS: Granby 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.