

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

Do not use this space.

36548

1. PLACE OF DEATH

County Franklin
Township Bolas
City St Albans

Registration District No. 293
Primary Registration District No. 5416

File No. _____
Registered No. 48
St. _____ Ward _____

2. FULL NAME Henry E. Reed
St Albans

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

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Millie Hewitt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26, 1881

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>47</u>	<u>4</u>	<u>4</u>	

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

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

PARENTS

10. NAME OF FATHER Frank Reed

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Anita Pohlig

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) St Albans

14. INFORMANT Mrs. H. E. Reed
(Address) Labadie Mo

15. FILED Dec. 2, 1928 Edwin M. Wheeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 30, 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

By natural cause, probably
apoplexy or heart failure

CONTRIBUTORY (SECONDARY) 74

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

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Wm. G. Groun, J. P. Act. Corcoran
Nov. 30, 1928 (Address) Gray Summit

*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 Bethel Cemetery, Labadie Mo **DATE OF BURIAL** Dec 2nd 1928

20. UNDERTAKER Otto & Co. By Geo H Otto Washington Mo **ADDRESS** _____

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.

27-1928

