

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 25 1929

14241-1

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

Do not use this space.

14241-A

1. PLACE OF DEATH
 County: Cook Registration District No. 24
 Township: Olderuelle Primary Registration District No. 6300
 City: _____ (No. _____) St. _____ Ward _____

2. FULL NAME: Ellen Reed
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1838-12-8

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
90 | 4 | 28 | _____

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

9. BIRTHPLACE (CITY OR TOWN): W. Va.
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: J. Reynolds

11. BIRTHPLACE OF FATHER (CITY OR TOWN): W. Va.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Dr.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): _____
 (STATE OR COUNTRY)

14. INFORMANT: E. R. Reed
 (Address) Olderuelle

15. FILED: 6/29 1929 A. L. Fogle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-8 1929

17. I HEREBY CERTIFY, That I attended deceased from June 1929, 1503 to 4-6 1929, that I last saw him live on 3-20 1929, and that death occurred, on the date stated above, at 6 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic valvular heart disease

(duration) 50 yrs. mos. da.
 CONTRIBUTORY: old age
 (SECONDARY) (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? _____
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS?
4/6 (Signed) A. L. Fogle, M. D.
 Address _____ 1929

*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: New Lebanon DATE OF BURIAL: 4/9 1929

20. UNDERTAKER: J. H. Spillers ADDRESS: Olderuelle

