

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

Do not use this space.

1. PLACE OF DEATH

County Butler Registration District No. 88
Township Neelyville Primary Registration District No. 5130
City Neelyville (No.) St. Ward)

36986
File No.
Registered No. 39

2. FULL NAME

Mrs. Lesta Belle Reed
(a) Residence, No. Neelyville, Mo. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 27 yrs. 4 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Floyd Reed</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 17, 1904</u>				
7. AGE	YEARS <u>27</u>	MONTHS <u>4</u>	DAYS <u>19</u>	If LESS than 1 day, hrs. min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Neelyville, Mo.</u>				
FATHER	13. NAME <u>Mr. George Lumpkins</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Laura Songer</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u>			
17. INFORMANT <u>Mr. Floyd Reed (Husband)</u> (ADDRESS) <u>Neelyville, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Roberts Cemetery</u> DATE <u>Nov. 8, 1931</u>				
19. UNDERTAKER <u>Green Undertaking Co.</u> (ADDRESS) <u>Poplar Bluff, Mo.</u>				
20. FILED <u>Nov. 8, 1931, W. L. Turner</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1931, to Nov. 6, 1931
I last saw her alive on Nov. 6, 1931. Death is said to have occurred on the date stated above, at 6:00 pm.
The principal cause of death and related causes of importance were as follows:
Typhoid Fever Date of onset 10-5-31
111B
Other contributory causes of importance:
Hypostatic Pneumonia
Name of operation None Date of
What test confirmed diagnosis? Tepec Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) W. L. Turner, M. D.
(Address) Neelyville Mo.

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.

DEC 21 1931

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