

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

Do not use this space.

4981

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 3234 E, 7th)

Registration District No. 399
Primary Registration District No. 1002

File No. 844
Registered No. 844
St. _____ Ward _____

2. FULL NAME Helen E. Reed

(a) Residence, No. 3234 E, 7th St. 9 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 49 yrs. mos. _____ 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>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry H. Reed</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 21, 1838</u>			
7. AGE YEARS <u>93</u>	MONTHS <u>7</u>	DAYS <u>5</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</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>New York State</u> <u>2</u>			
FATHER	13. NAME <u>John Abbott</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u> <u>31</u>		
MOTHER	15. MAIDEN NAME <u>Mary Jones</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
17. INFORMANT <u>E. F. Reed</u> (ADDRESS) <u>3234 East 7th</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Washington Cem</u> DATE <u>2/29</u> 19 <u>32</u>			
19. UNDERTAKER <u>Wagner Funeral Home</u> (ADDRESS) <u>204 W. Linwood</u>			
20. FILED <u>2/29</u> 19 <u>32</u> <u>M. M. Cronin</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____ to Feb 26, 1932
I last saw him alive on Feb 26, 1932 Death is said to have occurred on the date stated above, at 10:10 P.M.
The principal cause of death and related causes of importance were as follows:
Acute Cordiac Dilatation (Date of onset) Feb 26
Chronic Myocarditis 1929
(Senile) (D)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Collie Branch _____ M. D.
(Address) 2602 East 13. Kansas City 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.

2600 East 12th Ave. S.W.

12th

L. 61-9