

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

Do not use this space.

**13307**

**1. PLACE OF DEATH**

69 County Monroe  
Township Monroe  
City Madison (No. ....)

Registration District No. 579  
Primary Registration District No. 5776

File No. ....  
Registered No. ....  
St. .... Ward)

**FULL NAME**

Helen Dorothy Reed  
(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF Gilbert Reed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/10/1912

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
19 7 20 =

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) 935  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lebanon, Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Alex Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Commerce, Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Gilbert Reed  
(Address) Madison, Mo.

15. FILED 4130, 1932 Juda Thompson  
REGISTRAR W. W. [Signature]

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 9, 1932

17. I HEREBY CERTIFY, That I attended deceased from April 9, 1932, to April 9, 1932, that I last saw him alive on April 3, 1932, and that death occurred, on the date stated above, at 11:20 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Embolicism of the brain  
11/9/32  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Child birth  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Mo.  
IF NOT AT PLACE OF DEATH. (3)

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) T. P. Turner, D.O.  
, 19 (Address) Madison, 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 La Plata, Mo. DATE OF BURIAL 5/2 1932

20. UNDERTAKER Juda Thompson ADDRESS Madison, 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.

MAY 26 1932

