

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

Do not use this space.

13251

**1. PLACE OF DEATH**

County JACKSON  
 Township KAW  
 City KANSAS CITY

399  
 Registration District No. 1002  
 Primary Registration District No. 1002  
 (No. TRINITY LUTHERAN HOSPITAL)

File No. 1570  
 Registered No. 1570  
 Ward

**2. FULL NAME** MRS VIRGINIA ELIZABETH REED

(a) Residence, No. 3900 WEST 47TH St., Ward. (If nonresident, give city or town and State)

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.

**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 OF (OR) WIFE OF ROBERT A. REED

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12 - 1907

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, .....hrs. or .....min.
	25	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Minneapolis Mo.

FATHER 13. NAME Thos. Dowell

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Mo.

MOTHER 15. MAIDEN NAME Louise Keely

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moscow Mo.

17. INFORMANT MR. ROBERT A. REED  
 (ADDRESS) 3900 WEST 47TH ST.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Forest Hill DATE 4-8 1933

19. UNDERTAKER D.W. NEWCOMER'S SONS  
 (ADDRESS) KANSAS CITY, MISSOURI

20. FILED Apr 6 1933 M. M. Groves  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL - 6 1933

22. I HEREBY CERTIFY, That I attended deceased from March 22 1933, to April 6 1933

I last saw her alive on April 5 1933 Death is said to have occurred on the date stated above, at 1:17A m.

The principal cause of death and related causes of importance were as follows:

Bilateral Bronchial Pneumonia

Date of onset

Mar 29 33

Other contributory causes of importance:

Bacterium Endocarditis

Mar 8 33

Name of operation none Date of

What test confirmed diagnosis? Physical finding Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) Mullen B. Hook, M. D.

(Address) 2510 Professional Bldg

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 1

Dr. Walter G. Hook

510 Professional Bldg.

11-1