

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

Do not use this space.

37317

**1. PLACE OF DEATH**

County Newton  
Township Grady No. 1  
City Elvir Reed (No. ....) St. .... Ward .....

Registration District No. 689  
Primary Registration District No. 5808

File No. 49  
Registered No. ....  
St. .... Ward .....

**2. FULL NAME**

Elvir Reed

(a) Residence No. .... St. .... Ward .....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not Known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
65

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Wasson Mo  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Robert Reed

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ronda Becker

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

14. INFORMANT M. J. Howard  
(Address)

15. FILED 12-10-19-33 Dr. E. M. Roseberry  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 8 1933

17. I HEREBY CERTIFY, That I attended deceased from 1:30 1933 to Nov 8 1933 that I last saw h. e. alive on Nov 1 1933 and that death occurred, on the date stated above, at 3:30 AM.

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

Pulmonary Hemorrhage recurring at intervals  
(duration) 2 yrs. mos. ds.  
228 Pulmonary T.B.  
(SECONDARY) (duration) 5 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) E. M. Roseberry M. D.

Nov 8 1933 (Address) Wasson 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 DATE OF BURIAL

Sanity Infirmary Nov 9 1933  
W. G. Howard Wasson Mo  
20. UNDERTAKER ADDRESS

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.

JAN 26 1934

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