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.

OCT 23 1935

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

Do not use this space.

30677

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 5884, Cates St. ..... Ward)

File No. 7423

Registered No. .....

2. FULL NAME Jessamine Humphrey Reinhard

(a) Residence, No. 5884 Cates St., 5 Ward. (If nonresident, give city or town and State)
(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.

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: Herman Reinhard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 29-1882

7. AGE: 52 YEARS, 9 MONTHS, 3 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

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): Ky

FATHER

13. NAME: E. W. C. Humphrey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER

15. MAIDEN NAME: Jessamine Barkley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Herman Reinhard 5884 Cates

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellefontaine Cem DATE Sept 3 1935

19. UNDERTAKER (ADDRESS): Fred M Williams 4535 Washington

20. FILED SEP - 3 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-1-35, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1931, to 9-1-35, 19

I last saw her alive on 8-31-35, 19 Death is said to have occurred on the date stated above, at 7 a.m.

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

	Date of onset
Chronic Myelogenous leukemia	1931

72

Other contributory causes of importance: None

Name of operation blood Date of .....

What test confirmed diagnosis? Spaine 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? .....

If so, specify .....

(Signed) W. H. Riley M. D.

(Address) 4660 Maryland

Cat 0712