

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

Do not use this space.

DEC 18 1936

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. St. Joseph's Hospital)

St. Joseph's Hospital

File No. 40499

Registered No. 1480 St. _____ Ward)

2. FULL NAME Orpha Reed

(a) Residence, No. 6414 Grant St., _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 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) Jan. 15, 1917				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	19	10	/ 5	
OCCUPATION	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) Carrollton Missouri				
FATHER	13. NAME William Henry Reed			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Missouri			
MOTHER	15. MAIDEN NAME Frances Brooks			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Missouri			
17. INFORMANT Mrs. Nancy Reed (ADDRESS) 6414 Grant St.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Odd Fellows Cem. DATE Dec. 2, 1936				
19. UNDERTAKER Clark Mortuary (ADDRESS) 5025 King Hill Ave.				
20. FILED Nov 30 1936 <i>A. J. [Signature]</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 30, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 19**, 1936, to **Nov. 29**, 1936

I last saw her alive on **Nov. 29**, 1936. Death is said to have occurred on the date stated above, at **4 A. m.**

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

General Peritonitis Date of onset **Nov. 29**

Other contributory causes of importance: *specific infection of Gallbladder tubes* Date **Nov. 15**

Name of operation _____ Date of _____

What test confirmed diagnosis? *Culture* Was there an autopsy? *yes*

23. If death was due to external causes (violence), file 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) *H. A. Robertson* M. D.
(Address) *St. Joseph 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.

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1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. _____

Township _____

Primary Registration District No. 1001

Registered No. 1480

City St Joseph (No. _____)

St. _____ Ward) _____

2. FULL NAME Alpha 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 19 10 6

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED FEB 3 191931 A. H. Matthews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

General peritonitis Date of onset _____

Other contributory causes of importance

Specific infection Gallipian tubes (Gonorrhea)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (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. A. Robertson M. D.

(Address) St Joseph

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

100M-1-26-36 X7044

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.

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