

DEC 15 1937

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

Do not use this space.

40885

1. PLACE OF DEATH

County Cape
Township Cape
City Cape Girardeau Mo.

Registration District No. 120 + 2
Primary Registration District No. 3009
No. 1216 N. Spanish St.

File No. _____
Registered No. 377
St. _____ Ward) _____

2. FULL NAME Wanda Bernice Reed

(a) Residence, No. 1216 N. Spanish St. 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 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) Apr. 25, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 7 I

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) Cape Girardeau Mo.
(STATE OR COUNTRY)

13. NAME Frank Reed

14. BIRTHPLACE (CITY OR TOWN) Bollinger County Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Yvetta Hunt

16. BIRTHPLACE (CITY OR TOWN) Cape Girardeau Mo.
(STATE OR COUNTRY)

17. INFORMANT Frank Reed
(ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL Fairmont Cem. DATE II/27/1937
PLACE

19. UNDERTAKER Haman Funeral Home
(ADDRESS) Cape Girardeau Mo.

20. FILED 11-26 37 J.M. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/1, 1937, to 11/27, 1937

I last saw her alive on 11/23, 1937. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:
Embolic Craniocerebral Injury
at birth. Date of case? _____

Other contributory causes of importance:
Emphysema 160A

Name of operation _____ Date of _____
What test confirmed diagnosis? None Was there an autopsy? Yes

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) [Signature] M. D.
(Address) [Address]

N. B.—Every item on this certificate 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.

Dr. K. K. K. K.