

REC'D MAY 9 1938

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

13771

Do not use this space.

1751

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Jean Primary Registration District No. 1002  
(c) City Jean City (d) Street No. 222 Gen Hosp Registered No. \_\_\_\_\_ St.  
(If death occurred in hospital or institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. 6 How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Isabelle Reed 301  
(a) Residence, No. 29195 Harrison St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29-1905  
7. AGE YEARS 33 MONTHS 2 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as 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) Tenn.

FATHER 13. NAME Charles Reed  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Josie  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Gen Hosp record

18. BURIAL, CREMATION, OR REMOVAL PLACE Gen Hosp DATE Apr 25-1938

19. FUNERAL DIRECTOR (ADDRESS) A. C. DeSchler  
1415 G St

20. FILED 4-25-1938 M. M. Crow Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-25 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-17, 1938, to 4-25, 1938

I last saw h. alive on 4-25, 1938 Death is said

to have occurred on the date stated above, at 3:45 a.m.

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

Estivo autumnal Date of onset

malaria 38

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_

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) P. F. De Maria, M. D.

(Address) Gen Hosp

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**