

REC'D JUN 2 1938

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

18047
 Do not use this space.

1. PLACE OF DEATH

(a) County Clinton Registration District No. 204
 (b) Township Street Primary Registration District No. 3013 Registered No. 26
 (c) City Cameron (d) Street No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs Laura Bell Reed, 300

(a) Residence, No. West 5th 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF T. A. Reed deceased			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1860			
7. AGE 77	YEARS	MONTHS 7	DAYS 17
			IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work		
	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) Shreve Ohio			
FATHER	13. NAME Enoch Shreve,		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio		
MOTHER	15. MAIDEN NAME Ruth McFarland,		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 19, 1938** 19
 22. I HEREBY CERTIFY, That I attended deceased from
Feb 5, 1938, to May 19, 1938
 I last saw her alive on May 19, 1938 Death is said
 to have occurred on the date stated above, 12:45 p.m.
 The principal cause of death and related causes of importance were as follows:

*Cerebral
 thrombosis
 of the
 left
 hemisphere*
 Date of onset Apr 21
 Other contributory causes of importance:
521

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? No
 If so, specify A. O. Williams
 (Signed) _____ M. D.
115 (Address) Cameron Mo

17. INFORMANT Mrs. W. C. Redd
 (ADDRESS) Cameron, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Osborn, Mo. DATE May 21st, 1938
 19. FUNERAL DIRECTOR O. A. Moore.
 (ADDRESS) Cameron, Mo.
 20. FILED May 20th 1938 at West Risley
 Local Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 31 1947

STATEMENT BY LICENSED EMBALMER

I, O. A. Moore, Licensed Embalmer No. 1180

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

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed O. A. Moore
Licensed Embalmer No. 1180

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