

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

REC'D MAY 24 1939

16364

Do not use this space.

**1. PLACE OF DEATH**

(a) County Vermon Registration District No. 875  
 (b) Township Center Primary Registration District No. 3039 Registered No. 105  
 (c) City Nevada or Nevada (d) Street No. Nevada City Hospital 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 0 yrs. 0 mos. 0 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** Shirley May Reed

(a) Residence, No. Richards, 7700 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Stillborn  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF   
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8 1939  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 0  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 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) Nevada, Missouri (STATE OR COUNTRY) 0

FATHER 13. NAME Virgil Lee Reed 1  
 14. BIRTHPLACE (CITY OR TOWN) Hartsville, Kansas (STATE OR COUNTRY) 0

MOTHER 15. MAIDEN NAME Ocia May Austin  
 16. BIRTHPLACE (CITY OR TOWN) Nevada, Missouri (STATE OR COUNTRY)

17. INFORMANT Virgil Lee Reed (ADDRESS) Richards, Mo.

18. BURIAL, CREMATION, OR REMOVAL Deerfield Cemet PLACE April-9-1939 DATE

19. FUNERAL DIRECTOR (NAME) Ferry Funeral Home (ADDRESS) Nevada, Mo.

20. FILED 4-14 1939 Allen V. Hays Local Registrar. 775

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from on April 8, 1939, to 1939

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 4:30 P. M.  
 The principal cause of death and related causes of importance were as follows:

Stillborn  
Cerebral hemorrhage  
during labor  
 Date of onset

Other contributory causes of importance:  
 Name of operation..... Date of.....  
 What test confirmed diagnosis..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury....., 19.....  
 Where did injury occur? none  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Dunnig venous  
 Nature of injury \*

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify.....  
 (Signed) J. W. Pease M. D.  
Nevada Mo. (Address)

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.

RECEIVED

District Health Officer No. *21*

District File Number *7-39-729*

Date Filed *5-8-39*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~me~~ *Persona*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Lloyd B. Wrisworth*

Licensed Embalmer No. *3857*

P. O. Address *Yugada, Mo.*

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.)

If this body is not embalmed, above space should be left blank.