REC'D SEP 20 1939

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

29247
Do not use this space.

1. PLACE OF DEATH
(a) County Henry 2
(b) Township Clinton 1
(c) City Clinton Mo
Registration District No. 347
Primary Registration District No. 3018
Registered No.
(d) Street 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 360 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Laura Reed
(a) Residence, No. W. Mill St St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Reed.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 1867
7. AGE YEARS 72 MONTHS 2 DAYS 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) Kansas.

FATHER
13. NAME Dont Know.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

MOTHER
15. MAIDEN NAME Edna Harris ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas.

17. INFORMANT Henry Reed. (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE Colored Cemetery DATE Aug 19 39
19. FUNERAL DIRECTOR (NAME) Sparks & Son (ADDRESS)
20. FILED 8-30 1939 Dr. J. R. Hampton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 17, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 14th, 1939 to August 17, 1939
I last saw h. alive on August 15, 1939 Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right mammary gland	June 15 1938

Other contributory causes of importance: Cardiac dropsy. 5D

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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
(Signed) Dr. Lloyd J. Carroll, M. D.
(Address) 317 Clinton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. 7,
District File Number 7-39-1190
Date Filed 9-7-39

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, ...
Loren H. Anderson, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Loren H. Anderson

Licensed Embalmer No. 3641

P. O. Address Clinton, Mo.

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

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