

REC'D MAR 4 - 1940

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

7510  
Do not use this space.

1. PLACE OF DEATH  
(a) County Way Registration District No. 604  
(b) Township Corn Primary Registration District No. 4359 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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 Denabee Reed  
(a) Residence, No. \_\_\_\_\_ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-16-40  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 18  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. mil  
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) Mo  
13. NAME William Reed FATHER  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark  
15. MAIDEN NAME Ella Lewis MOTHER  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
17. INFORMANT William Reed (ADDRESS) Reaco  
18. BURIAL, CREMATION, OR REMOVAL PLACE Warma DATE 2-3 1940  
19. FUNERAL DIRECTOR (NAME) none (ADDRESS) 1921  
20. FILED 2/3 1940 A. G. Gumpst Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3 1940  
22. I HEREBY CERTIFY, That I attended deceased from 1-16 1940, to 2-3 1940  
I last saw him alive on 2-1 1940 Death is said to have occurred on the date stated above, at 1:45 p.m.  
The principal cause of death and related causes of importance were as follows:  
Premature birth Date of onset \_\_\_\_\_  
Other contributory causes of importance: 15A  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Obit Was there an autopsy? \_\_\_\_\_  
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) Dr. Gumpst M. D.  
(Address) Warma

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FORM-1-12-38 I X14028

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.

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