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

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.

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

Do not use this space.

32321

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 6850

Township Kaw — Primary Registration District No. 7902 — Registered No. 6850

City Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME Lura M. Reed

(a) Residence, No. 5236 Cherry Street St., 6 Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Senator James A. Reed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 15, 1862

7. AGE: Years 70 — Months 0 — Days 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, 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): Cedar Rapids Iowa

FATHER

13. NAME: E. L. Mansfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): James A. Reed 5236 Cherry

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ PLACE: Elmwood Cemetery Crematory DATE: 10-14, 1932

19. UNDERTAKER (ADDRESS): Stine & McCleere 3235 Gillham Plaza

20. FILED: 10/13, 1932 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1932 to October 12, 1932

I last saw her alive on October 12, 1932. Death is said to have occurred on the date stated above, at 12 Noon

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

	Date of onset
Laryngitis complicated	10/7/32
Bronchopneumonia	10/12/32
Diabetes Mellitus - unknown	
Riding thru dust	10/7/32

Other contributory causes of importance:

59 — 107A — 105B

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? ..... 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) R. Bohan, M. D.

(Address) Med. Arts Bldg K C Mo

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