

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

Do not use this space.

7845

APR 25 1927

PLACE OF DEATH Greene County Registration District No. 318 File No. \_\_\_\_\_  
 Township Springfield Primary Registration District No. 200 Registered No. 194  
 City Springfield (No. Springfield Baptist Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 2. FULL NAME Lourence Harris Reed  
 (a) Residence. No. Eureka Springs Ark (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) ✓  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 21 1904  
 7. AGE YEARS 22 MONTHS 2 DAYS 2 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work at home  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Eureka Springs Ark (STATE OR COUNTRY)

10. NAME OF FATHER J H Reed

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Springfield Mo (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Archibald Kile

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Eureka Springs Ark (STATE OR COUNTRY)

14. INFORMANT J H Reed (Address) Eureka Springs Ark

15. FILED 3/25 27 1927 W C Hurst REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/25 1927  
 17. I HEREBY CERTIFY That I attended deceased from 3/24, 1927, to 3/25, 1927 that I last saw him alive on 3/24, 1927, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Burn  
Accidental, hot water (duration) 5 weeks mo. da.  
infection (duration) one week mo. da.

CONTRIBUTORY (SECONDARY) Acidosis & Septicemia (duration) \_\_\_\_\_ yrs. mo. da.

18. WHERE WAS DISEASE CONTACTED at home IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Carver Buesch M. D.

3/25 19 27 (Address) Springfield Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL W.O.F. Cemetery Eureka Springs Ark DATE OF BURIAL 3/27 1927

20. UNDERTAKER J H Reed ADDRESS Eureka Springs Ark

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.

