MAY 25 1927

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

Do not use this space.
11023

1. PLACE OF DEATH
County Buchannan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 407
City St. Joseph. (No. 6521 Sherman Street. St. Ward)

2. FULL NAME Amos Reed.
(a) Residence. No. 6521 Sherman Street. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Vina Reed.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 26, 1860
7. AGE: Years 67 — Months 1 — Days 21 — If LESS than 1 day, ...hrs. or ...min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Teamster. (Retired)
(b) General nature of industry, business, or establishment in which employed (or employer): 1121
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Pennsylvania.

PARENTS
10. NAME OF FATHER John A. Reed.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Unknown.
12. MAIDEN NAME OF MOTHER Mary Tullman.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Unknown.

14. INFORMANT Vina Reed.
(Address) 6521 Sherman St.
15. FILED APR 16 1927, 19 John G. Jutz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17, 1927
17. I HEREBY CERTIFY, That I attended deceased from Apr 18, 1927, to April 17, 1927 that I last saw him alive on " 19, and that death occurred, on the date stated above, at 3P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute dilatation of the heart
(duration) yrs. mos. 3 hours ds.
CONTRIBUTORY (SECONDARY) Chronic Bronchitis and Arthritis
(duration) 5 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
4/18 (Signed) W A Robertson, M. D
4/18, 1927 (Address) 6210½ King Hill Ave

*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: Mount Auburn Cemetery — DATE OF BURIAL: Apr 19 1927
20. UNDERTAKER: H. O. Siderfaden — ADDRESS: 1802 Union St.

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.

6210 1/2 King Hill Ave