

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

Do not use this space.

27454

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No.
 Township Primary Registration District No. 1007 Registered No.
 City Kansas City (No.) Old City Hospital St. Ward

2. FULL NAME

Curtis Reed
 (a) Residence, No. 2123 Campbell St., Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 35 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 Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-14-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 | 3 | 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Street Sweeper
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Columbia Missouri

PARENTS

10. NAME OF FATHER Martin Reed

11. BIRTHPLACE OF FATHER (CITY OR TOWN, STATE OR COUNTRY) Columbia Missouri

12. MAIDEN NAME OF MOTHER Hester Stark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN, STATE OR COUNTRY) Virginia

14. INFORMANT Mrs. Corinne Koles
 (Address) 2123 Campbell

15. FILED 9/30, 1927 M. M. Connor REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-28-1927

17. I HEREBY CERTIFY, That I attended deceased from 9-25-1927, to 9-28-1927 that I last saw him alive on 9-25-1927, and that death occurred, on the date stated above, at 7:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Edema
105 B.
111 B. (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Laryngeal Paralysis
 (duration) yrs. mos. da.

18. WHEN WAS DISEASE CONTRACTED 9-25-1927
 NOT AT PLACE OF DEATH? No

DATE AN OPERATIVE DECEASED DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) Howard M. Smith, M. D.
9/29, 1927 (Address) Old City Hospital

*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 Highland DATE OF BURIAL Sept. 30 1927

20. UNDERTAKER W. W. Fickler ADDRESS 1709 Kim

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.

Handwritten scribbles and lines, possibly representing a signature or initials.

Handwritten text including a large number "105" with a horizontal line above it, and the number "211" below it.

Handwritten numbers "6000" and "1000" stacked vertically.

Vertical handwritten text on the right side of the page.