JAN 20 192

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

Do not use this space. 1620

1. PLACE OF DEATH
County Johnson
Township ~~Warrensburg~~,
City Warrensburg, (No. ....., ..., St. ....., Ward)

Registration District No. 431
Primary Registration District No. 3623

File No. .....
Registered No. .....

2. FULL NAME John Albert Reed

(a) Residence. No. 416 McGoodwin St., ..., Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella M Reed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June, 12, 1857

7. AGE: Years 70 | Months 6 | Days 27 | If less than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

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

PARENTS

10. NAME OF FATHER David W Reed
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Mary Helen Lee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tennessee

14. INFORMANT Mary Ellen Lockard
(Address) Warrensburg

15. FILED Jan 10, 1928 Wm R Pattison
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan, 8, 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 31st, 1927, to Jan 8, 1928, that I last saw h. alive on Jan 2nd, 1928, and that death occurred, on the date stated above, at 5 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach

(duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... 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? .....
(Signed) L H Parker, M. D
Jan 8th 1928 (Address) Warrensburg 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: Sunset Hill, Cem
DATE OF BURIAL: Jan 10, 1928

20. UNDERTAKER: Sweeney- Gore Co
ADDRESS: Warrensburg

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.