FEB 24 1928

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

Do not use this space.

3681

1. PLACE OF DEATH
County Scott — Registration District No. 819 — File No.
Township Morley — Primary Registration District No. [illegible] — Registered No.
City — (No. ..., ... St. ..... Ward)

2. FULL NAME Columbus, W. Reed
(a) Residence. No. ..... St., ... 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: Male
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 —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/3/10

7. AGE: 17 YEARS — MONTHS: 10 — DAYS: 2 — If LESS than 1 day, ~~hrs.~~ or ~~min.~~

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: In school
(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): Ark.

PARENTS
10. NAME OF FATHER: Thos Reed
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): La.
12. MAIDEN NAME OF MOTHER: Patience Honeywood
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): La.

14. INFORMANT: Thos Reed
(Address): Morley Mo

15. FILED Feb. 1928 C. E. Harris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/5 1928

17. I HEREBY CERTIFY, That I attended deceased from 4/10, 1926, to Dec, 1926, that I last saw him alive on Aug, 1926, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

[illegible] (duration) 2 yrs. ..... 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) J. A. Cline, M. D.
, 19 (Address) Oran 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: McMullen Cemty — DATE OF BURIAL: 1/6 1928

20. UNDERTAKER: [illegible] — ADDRESS: Morley Mo

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.