L 26 1928

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

7701-a

Do not use this space. 7701-a

1. PLACE OF DEATH
County: Barry
Township: Wheaton
City: (No. ..... St. ..... Ward)
Registration District No. 1168
Primary Registration District No. 3042
File No.
Registered No. 15

2. FULL NAME: Robert Marion 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 3 1846
7. AGE: Years 81 Months 11 Days 27 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): Tenn

PARENTS
10. NAME OF FATHER: Not Known
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Not Known

14. INFORMANT: Lee Reed
(Address): Wheaton Mo
15. FILED: Jan 9 1928 E. Edmondson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 30 1928
17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1928, to Mar. 30, 1928, that I last saw him alive on Mar. 26, 1928, and that death occurred, on the date stated above, at 1 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
31
(duration) 1 yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY)
22A
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) O. S. McLeod, M. D.
, 19 (Address) Wheaton 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: Rocky Comfort Cem. DATE OF BURIAL: Apr. 1 1928
20. UNDERTAKER: T. A. Pogue ADDRESS: Wheaton

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.

mlcell