MAY 29 1928

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

Do not use this space.

12654

File No.
Registered No. 25

1. PLACE OF DEATH
County: Clay
Township:
City: Liberty (No. ..... St. ..... Ward)
Registration District No. 201
Primary Registration District No. 3012

2. FULL NAME: Daniel 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: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Laura Reed.

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

7. AGE: Years 78 | Months 10 | Days 15 | If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Near Trimble
(STATE OR COUNTRY): Clinton Co. Mo

PARENTS
10. NAME OF FATHER: John Reed.
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Mary Hounshell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Ky

14. INFORMANT: Albert Reed
(Address): Trimble Mo

15. FILED: 4/10/28 Wm H Goodson, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 3 - 1928

17. I HEREBY CERTIFY, That I attended deceased from March 19th, 1928, to April 3rd, 1928, that I last saw h. alive on April 3rd, 1928, and that death occurred, on the date stated above, at 7:55 A.M. p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage & Paralysis 1 1/4 hr
131
(duration) 8 yrs. 11 mos. 8 ds.

CONTRIBUTORY (SECONDARY): Atrophy of Liver (Chronic)
Chronic Nephritis (duration) 3 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?
WHAT TEST CONFIRMED DIAGNOSIS? Paralysis & Thrombosis
(Signed) R. E. Sevier, M. D.
, 19 (Address) Liberty 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: Farm Near Trimble Mo. Reed.
DATE OF BURIAL: 4/4 1928

20. UNDERTAKER: Church-Archer Co
ADDRESS: Liberty Mo

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.