

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

Do not use this space.

27088

**1. PLACE OF DEATH**

County Shannon Registration District No. 347  
Township Clinton Primary Registration District No. 5488  
City (No. 716)

File No. \_\_\_\_\_  
Registered No. 104 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Hanson 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR

Male | White | [REDACTED]

DATE OF DEATH (MONTH, DAY AND YEAR) Aug 13, 1928

6A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF \_\_\_\_\_  
(OR) WIFE OF Sarah Jane Reed

I HEREBY CERTIFY That I attended deceased from 2-15  
1928, to Aug 13, 1928  
that I last saw him alive on Aug 11, 1928, and that  
death occurred on the date stated above, at \_\_\_\_\_ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 13, 1853

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Debilitation of Heart  
with chronic nephritis  
131  
95B (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

74 | 7 | 28

CONTRIBUTORY (SECONDARY) 1290  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**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 \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Washington Co  
(STATE OR COUNTRY) Ill

DID AN OPERATION PRECEDE DEATH. no DATE OF \_\_\_\_\_

10. NAME OF FATHER John W Reed

WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) J. M. [Signature] M. D.

12. MAIDEN NAME OF MOTHER Sarah J Kingston, 19 (Address) Clinton Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ill

\*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.

14. INFORMANT Miss William Neuberger  
(Address) Clinton R.R.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Shaney Mausoleum  
DATE OF BURIAL Aug 13, 1928

15. FILED Aug 13, 1928 Dr. E. C. Peeler  
REGISTRAR per [Signature]

20. UNDERTAKER Miss Wilkerson & Co  
ADDRESS \_\_\_\_\_

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.



**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Henry  
Township Clinton  
City (No. ....) .....

Registration District No. 347  
Primary Registration District No. 5488

File No. ....  
Registered No. 104  
St. .... Ward)

**2. FULL NAME** Hosea 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 W  
(write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work ..... (duration) .... yrs. .... mos. .... ds.  
(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)

10. NAME OF FATHER  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY)

14. INFORMANT (Address) .....

15. Aug 13 1928 Dr. E. C. Peeler REGISTRAR  
FILED per J. H.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 11 1928  
17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) ..... (duration) .... yrs. .... mos. .... ds.  
18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY?.....  
WHAT TEST CONFIRMED DIAGNOSIS?.....  
(Signed) ..... M. D  
, 19 (Address)

\*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 DATE OF BURIAL  
19

20. UNDERTAKER ADDRESS  
Clinton  
Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. P. I.A.N.S. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

5-27088