

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

Do not use this space.

278

1. PLACE OF DEATH

County, Buchanan Registration District No. 85
 Township..... Primary Registration District No. 1001
 City, St. Joseph, (No. 107 North 17th.)

File No.....
 Registered No. 85
 St. Word)

2. FULL NAME George W. Reed,

(a) Residence. No. 107 North 17th, 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. 1 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married,
 (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blanche Anna Reed,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28, 1879

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, ____ hrs. or ____ min.
	49	5	10	

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

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

10. NAME OF FATHER Franklin Reed,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) Illinois,

12. MAIDEN NAME OF MOTHER Catherine Ingersoll

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) Ohio,

14. DECEASED Mrs. Geo. W. Reed
 (Address) 107 North 17th Street.

15. FILED 1929
 REGISTRAR John G. W.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 8, 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Jan 8, 1929
 that I last saw h. alive on Jan 8, 1929, and that death occurred, on the date stated above, at 1 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma sigmoid flexure
Spreading to liver

CONTRIBUTORY (SECONDARY) 4
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED St Joseph Mo
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? N.O. DATE OF 0

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
 (Signed) J. H. Thompson, M. D.

Jan 8, 1929 (Address) 825 Charles

*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 Mount Auburn Cemetery **DATE OF BURIAL** Jan. 10, 1929

20. UNDERTAKER Heaton-Begala & Bowman
by S. W. Seale **ADDRESS** 319 S. 10 St.
Funeral Home

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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