AUG 22 1929

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

Do not use this space.

23961

1. PLACE OF DEATH

County: Caldwell, Registration District No. 98

Township: New York, Primary Registration District No. 5145

City ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 12

2. FULL NAME Edward Axon Ream,

(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	4. COLOR OR RACE	5. [redacted] MARRIED, [redacted] OR [redacted] (write the word)
Male,	White,	Married,

5A. IF MARRIED, [redacted] HUSBAND OF [redacted]

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February-19th 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	25	4	26	

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): Farming,

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Detroit,
(STATE OR COUNTRY) Michigan.

PARENTS

10. NAME OF FATHER Albert E. Ream,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Knoxville,
(STATE OR COUNTRY) Iowa.

12. MAIDEN NAME OF MOTHER Ella Axon,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Caldwell County
(STATE OR COUNTRY) Missouri,

14. INFORMANT Mrs. Eva Ream,
(Address) Braymer, Mo.

15. FILED July 17, 1929 Mrs. E. F. Gartside
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 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:

Lightning

196

Instantaneous (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

195

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ..... —

9 DID AN OPERATION PRECEDE DEATH? ..... DATE OF ..... —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Geo. L. Dowell, M. D.

July 16, 1929 (Address) Braymer, 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: Braymer Evergreen Cemetery, DATE OF BURIAL: July 17 1929

20. UNDERTAKER: E. P. Michael ADDRESS: Braymer, 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.