

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28545

1. PLACE OF BIRTH

County Pettis
Township Sedalia
City Sedalia (No. 4)

Registration District No. 668
Primary Registration District No. 3032

File No. _____
Registered No. 258
St. _____ Ward. _____

2. FULL NAME

(a) Residence No. Sedalia Dist 3 St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 35 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie Agnes Reed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 15 - 1874

7. AGE YEARS 58 MONTHS 2 DAYS 14 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) Pettis County Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Jessie Reed

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT Clay Marie Mayhew
(Address) Route 3 Sedalia Mo

15. FILED 9-7-29 J. J. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-29-1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, that I last saw deceased on _____, 19____, and that death occurred on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Concussion of brain caused by blow on head inflicted in unknown way (duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1915 (duration) _____ yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) H. T. Bishop M. D.
, 19____ (Address) Sedalia 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 Union Church DATE OF BURIAL 10-1-1929

20. UNDERTAKER W. A. Langley Bros ADDRESS Sedalia

