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

Do not use this space.
39816

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township Washington — Primary Registration District No. 1001 — Registered No. 1497
City St. Joseph (No. 206 East Colo. Ave., St. Ward)

2. FULL NAME William Reed
(a) Residence. No. 206 E. Colo. Ave. 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 20, 1843

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 86 | 11 | 9 | |

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): Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jackson Co.
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER: William John Reed
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Ella Fashhing
(Address) 206 E. Colo. Ave., St. Joseph MO

15. FILED DEC 31 1929 John G. Ut REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1928, to Dec 25, 1929 that I last saw him alive on Dec 25, 1929, and that death occurred, on the date stated above, at 330 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bronchitis
11 A
1060 (duration) yrs. 11 mos. 25 ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. A. Robertson, M. D.
Dec 30, 1929 (Address) St Joseph 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: King Hill Cem.
DATE OF BURIAL: Dec. 31 29

20. UNDERTAKER: Fred W Clark
ADDRESS: 5025 King Hill Ave

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.