

4000

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

Do not use this space.

19321

1. PLACE OF DEATH

County Jackson
Township Bluff
City Independence (No.)

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 184
St. Ward)

2. FULL NAME

(a) Residence. No. 1325 So. Dodgeman 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy A. Reid
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-2-1856
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 73 6 29

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 5 years
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Howard Co
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Criss Reid
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mukwonago
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Sarah Proctor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Warrensburg
(STATE OR COUNTRY) Missouri

14. INFORMANT Nancy A. Reid
(Address) 1325 So. Dodgeman

15. FILED 6-2-1930 2d Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1- 1930
17. I HEREBY CERTIFY, That I attended deceased from May 3, 1930, to June 1, 1930, that I last saw him alive on May 25, 1930, and that death occurred, on the date stated above, at 10:40 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Valvular Heart Disease
92A
CONTRIBUTOR (SECONDARY) POW (duration) 3 yrs. mos. 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) J. E. Tucker, M. D.
June 2, 1930 (Address) Independence Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lifington Cemetery
Lifington Mo DATE OF BURIAL 6-3-1930

20. UNDERTAKER B. D. Carson & Sons ADDRESS Indep. 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.

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

JUL 23 1930

