

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

Do not use this space.

20252

1. PLACE OF DEATH

County Seset
Township Richland
City Sikeston (No. 74353)

Registration District No. 821
Primary Registration District No. 74353

File No. 54
Registered No. _____
St. _____ Ward _____

2. FULL NAME Thomas Jefferson Reed

(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 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 10 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 6"

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shiloh Co. Ohio

13. NAME James Reed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Ann Owens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Rupert Reed Sikeston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Ill DATE May 26 1931

19. UNDERTAKER (ADDRESS) H. J. Walsh Sikeston Mo

20. FILED 6/10/31 Walter E. Dunis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1931

22. I HEREBY CERTIFY, That I attended deceased from about 4 _____, 1930, to May 23 _____, 1931
I last saw h. _____ alive on May 23 1931 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate 51c Date of onset not known

Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) A. G. Mayfield _____, M. D.
(Address) Sikeston 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.

JUN 29 1931

