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

Do not use this space.

682

1. PLACE OF DEATH

36 County Franklin — Registration District No. 245 — File No. 1

Township Boon — Primary Registration District No. 5415a — Registered No. 2

City ~~Bourbon~~ (No. ..... St. ..... Ward)

2. FULL NAME John D. 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.

FEB 24 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~ Lucindia Reed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-17-1847

7. AGE: 84 YEARS, 1 MONTHS, 18 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer 11A
(b) General nature of industry, business, or establishment in which employed (or employer): 1068
(c) Name of employer: 15B

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasconade Co. Mo

PARENTS

10. NAME OF FATHER Jachra Reed
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2
12. MAIDEN NAME OF MOTHER Sarah Richardson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Lucinda Rebecca Reed
(Address) Bourbon Mo

15. FILED 1-3-1932 Jas. P. Dunigan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1931, to Jan 5, 1932 that I last saw him alive on Jan 5, 1932 and that death occurred, on the date stated above, at 9.30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cardiac Dilitation

(duration) 12 hours yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchitis & Lagrippe & age (duration) yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF (1)

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical Diag'n

(Signed) R. P. House, M. D

, 19 (Address) Sullivan 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~~ Crowe Cemetery — DATE OF BURIAL 1-7-1932

20. UNDERTAKER Elbert E. Long — ADDRESS Bourbon