

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

Do not use this space.

**25493**

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
Township St. Washington Primary Registration District No. 1003  
City St. Joseph (No. 120) Pacific St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 1381

**2. FULL NAME**

(a) Residence, No. 120 Pacific St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lora F. Reid</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 9, 1872</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>10</u>
	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Drain Master</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Union Depo Co.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Aug 25, 1932</u>	11. Total time (years) spent in this occupation <u>19 yrs.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincolnshire, England</u>		
FATHER	13. NAME <u>John Reid</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, England</u>	
MOTHER	15. MAIDEN NAME <u>Emilia Allison</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Burkhead, England</u>	
17. INFORMANT (ADDRESS) <u>Carl Reid, 1720 Sacramento</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Plattsmouth, Mo.</u> DATE <u>Sept 1, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>E. O. Sidergaden, 602 So 10th St.</u>		
20. FILED <u>8-31-32</u> 19 <u>32</u> <u>John A. Bendish</u> Registrar.		

**V MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1932, to Aug 29, 1932

I last saw him alive on Aug 29, 1932. Death is said

to have occurred on the date stated above, at 11:05 P.M.

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

Angina Pectoris Date of onset 5/1/32  
Chl. Myocardite 1 year ago

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Phys. Exam. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1932

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) C. W. Maloney M. D.

(Address) 301 N. 8th St. St. Joseph, Mo.

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.

SEP 1 1932

