

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.

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

Do not use this space.

1. PLACE OF DEATH Jackson Registration District No. 399
 County Jackson Township Kaw Primary Registration District No. 1002
 City J. C. Reno (No. General Hospit #2) Registered No. 1662 St. _____ Ward 392
 2. FULL NAME Floyd Reed, Jr.
 (a) Residence, No. 1611 1/2 Charlotte 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 <u>male</u>	4. COLOR OR RACE <u>colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Baby</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 9, 1937</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>8</u>	<u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>6</u>		
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) <u>Jackson Mo.</u>		
13. NAME <u>Floyd Reed, Jr.</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kaw Mo.</u>		
15. MAIDEN NAME <u>Mildred Johnson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT <u>Reed Clerk, General #2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge Cemetery</u> DATE <u>Jan. 20, 1938</u>		
19. UNDERTAKER <u>West, Appleton Jones</u> (ADDRESS) <u>1600 E. 119 St.</u>		
20. FILED <u>Jan. 24, 1938 M. D. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18, 1938
 22. I HEREBY CERTIFY That I attended deceased from District Court, 19____
 I last saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:50 a.m.
 The principal cause of death and related causes of importance were as follows:
Thymic hyperplasia
Status thymicus lymphaticus
 Other contributory causes of importance:
67
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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?
 If so, specify _____
 (Signed) [Signature]
 (Address) District Court

