

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

Do not use this space.

**23448**

**1. PLACE OF DEATH**

49 County Jasper  
4 Township Castroville  
33 City Castroville (No. \_\_\_\_\_)

Registration District No. 407  
Primary Registration District No. 4241

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 118 E. Hall 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>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>Beaul Reed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 1, 1884</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>8</u>
	DAYS <u>27</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>Constable</u>	92
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	11
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>11 1/2</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Green Missouri</u>		
MOTHER FATHER	13. NAME <u>Thomas B. Reed</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
	15. MAIDEN NAME <u>Martha Montgomery</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ark.</u>		
17. INFORMANT <u>Mrs. Paul Reed</u> (ADDRESS) <u>Castroville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Castroville, Mo.</u> DATE <u>7/30, 1933</u>		
19. UNDERTAKER <u>WEBB CITY UNDERTAKING CO.</u> (ADDRESS) <u>Webb City, Mo.</u>		
20. FILED <u>July 29, 1933</u> <u>J. W. Clark</u> Registrar.		

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-2, 1933 to 28, 1933  
I last saw him alive on 7-27, 1933 Death is said to have occurred on the date stated above, at 3 a m.  
The principal cause of death and related causes of importance were as follows:  
Myocard Regurgitation  
and Pulvered Coaps  
Other contributory causes of importance:  
Bad teeth

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 Bad teeth  
(Signed) W. D. Newbould M. D.  
(Address) Webb City, 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.

AUG 20 1933

1884

3-00

