

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

Do not use this space.

1. PLACE OF DEATH

County Linn Registration District No. 497
Township North Salem Primary Registration District No. 5672
City (No. _____) _____ St. _____ Ward _____

File No. 25357
Registered No. _____
St. _____ Ward _____

2. FULL NAME Ira M. 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 <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>Hovie Mae</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 20 1873</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>7</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>Walker Reed</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Parmer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>Egarl McCollum</u> (ADDRESS) <u>Green Castle Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Price</u> DATE <u>7-18</u> 19 <u>34</u>		
19. UNDERTAKER <u>Green E. Reed</u> (ADDRESS) <u>Green City Mo</u>		
20. FILED <u>7/17</u> 19 <u>34</u> <u>Flora M. Cormack</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-15 1934, to 7-17 1934
I last saw him alive on 7-14 1934 Death is said to have occurred on the date stated above, at 4 P. M.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 7 yrs
93°
93°
Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? usual 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 _____ 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) Lo Le Grish M. D.
(Address) Beaufield 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.

