

SEP 6 1934

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

Do not use this space.

30371

1. PLACE OF DEATH

County plelps  
Township  
City Rolla (No. ....)

Registration District No. 677  
Primary Registration District No. 4403

File No. ....  
Registered No. 93  
St. .... Ward)

2. FULL NAME O. B. Reeder.

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

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>Widowed.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Don't know</u>		
7. AGE YEARS <u>65</u>	MONTHS	DAYS
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salisman</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) Kansas.

FATHER  
13. NAME Reeder  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

MOTHER  
15. MAIDEN NAME D.K.  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT L. P. Reeder  
(ADDRESS) Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Kansas City DATE Aug 26 1934

19. UNDERTAKER Harry R. McCaw  
(ADDRESS) Rolla Mo

20. FILED Aug 24 1934 Jos. F. Ayers  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 1934, to Aug 23 1934.  
I last saw him alive on Aug 23 1934. Death is said to have occurred on the date stated above, at 2 P. m.

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

Skull fracture  
Automobile accident  
on Highway 72. Car he was driving  
turned over about 12 miles south  
east of Rolla.  
Other contributory causes of importance:  
None

Name of operation None Date of None  
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury Aug 23, 1934  
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 Car left the road  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify None  
(Signed) Arthur McFarland, M. D.  
(Address) Rolla 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 - 5 1934

172

21

21

