

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

Do not use this space.

JUL 12 1935

791  
1903

21496

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City Saint Louis (No. Peoples Hospital) St. .... Ward .....

File No. ....  
Registered No. 5454  
St. .... Ward .....

2. FULL NAME Raymond Reed

(a) Residence, No. 3910a Fairfax Avenue St. 11 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 <b>Male</b>	4. COLOR OR RACE <b>Colored</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>April 11th, 1916</b>				
7. AGE YEARS <b>19</b>	MONTHS <b>2</b>	DAYS <b>10</b>	If LESS than 1 day, ..... hrs. or ..... min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Porter</b>				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Drug Store</b>				
10. Date deceased last worked at this occupation (month and year) .....			11. Total time (years) spent in this occupation .....	

12. BIRTHPLACE (CITY OR TOWN) **Ardmore**  
(STATE OR COUNTRY) **Oklahoma**

13. NAME **Prady Reed**

14. BIRTHPLACE (CITY OR TOWN) **Oklahoma**  
(STATE OR COUNTRY)

15. MAIDEN NAME **Jessie Scoggins**

16. BIRTHPLACE (CITY OR TOWN) **Center Point**  
(STATE OR COUNTRY) **Arkansas.**

17. INFORMANT **Miss Jessie Reed**  
(ADDRESS) **3010a Fairfax Avenue**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Washington Park** DATE **June 25, 1935**

19. UNDERTAKER **Charles J. Davis**  
(ADDRESS) **4107 Finney Avenue**

20. FILED **JUN 25 1935**  
**J. F. Bredeck**  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 21st, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **December 27, 1933** to **June 21st, 1935**

I last saw him alive on **June 21st, 1935**. Death is said to have occurred on the date stated above, at **8:30 P.M.**

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

**Lobar pneumonia bilateral - 6/11/35**  
**108**  
**Brain Tumor benign**  
**(Paralysis due probably to a lesion in cerebellum of unknown origin.)** 5 yrs?

Date of onset .....

Other contributory causes of importance: .....

Name of operation .....

Date of operation .....

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 .....

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 **Bill Carter** M. D.  
(Signed) **Peoples Hospital**  
(Address) .....

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.

