AUG 20 1935

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

Do not use this space.

24024

1. PLACE OF DEATH
County: Bretton
Township: Rolla
City: (No. ... St. ... Ward)
Registration District No. 677
Primary Registration District No. 4403
File No.
Registered No. 68

2. FULL NAME: Charlie Cleveland 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: Male
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Madley Reed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4/11/86
7. AGE: Years 49 Months 3 Days 11 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Saloon
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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marieville Mo.

FATHER
13. NAME: John Reed.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER
15. MAIDEN NAME: Sarah Ratliff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Carolina

17. INFORMANT (ADDRESS): Edward Reed, Bolivar Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bolivar Mo. DATE: 7/24 1935
19. UNDERTAKER (ADDRESS): A. H. Lemmon, Bolivar Mo.
20. FILED July 23, 1935 Jos. F. Angeis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 22nd, 1935
22. I HEREBY CERTIFY, That I attended deceased from July 18th, 1935, to July 22nd, 1935. I last saw him alive on July 22nd, 1935. Death is said to have occurred on the date stated above, at 2:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	

Other contributory causes of importance:

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
(Signed) Anthony M. Karlch M. D.
(Address) Rolla Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD