

OCT 17 1935

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

Do not use this space.

28883

1. PLACE OF DEATH

County CallawayRegistration District No. 104

Township

Primary Registration District No. 3008City Fulton

(No. St. Ward)

FULL NAME Reed, Gus(a) Residence, No. State Hospital # 1 St. 4 Ward.(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 15 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>D. K.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9/10/77</u>		
7. AGE	YEARS	MONTHS
	<u>58</u>	<u>0</u>
		DAYS
		<u>14</u>
		If LESS than 1 day, or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>
	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) <u>D. K.</u>
	11. Total time (years) spent in this occupation <u>D. K.</u>

12. BIRTHPLACE (CITY OR TOWN) Pike County, Mo.
(STATE OR COUNTRY)13. NAME B. F. Reed14. BIRTHPLACE (CITY OR TOWN) Blackwater, Mo.
(STATE OR COUNTRY)15. MAIDEN NAME Martha Branstetter16. BIRTHPLACE (CITY OR TOWN) D. K.
(STATE OR COUNTRY)17. INFORMANT Hospital Records
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL
Penninsula Cemetery
PLACE Waver Co, Mo DATE Sept 26, 193519. UNDERTAKER Schmitz, Wardhoff
(ADDRESS) 300 N. 7th St20. FILED Sept 25, 1935 R. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24, 193522. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1935, to Sept. 24, 1935I last saw him alive on Sept. 24, 1935 Death is said to have occurred on the date stated above, at 4:25 P. M.

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

Cerebral Hemorrhage Date of onset 9/24/35Other contributory causes of importance: Acute Meningo Encephalitis DK
(non epidemic)Name of operation None Date ofWhat test confirmed diagnosis? Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following: No
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) E. E. Landis, M. D.(Address) Fulton 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.

