

OCT 28 1935

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

Do not use this space.

30341

1. PLACE OF DEATH

County Pettis
Township Sealedia
City Sealedia

Registration District No. 668
Primary Registration District No. 3032
(No. Boothell Hospital)

File No. 294
Registered No. 6681
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Grant Reed
South Broadway
(Usual place of abode)

St. 4 Ward. Sealedia Mo
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF.

22. I HEREBY CERTIFY, That I attended deceased from Sept 18 1935 to Sept 19 1935
I last saw him alive on Sept 18 1935 at 12 P.M. Death is said to have occurred on the date stated above, at 11:30 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-8-1865

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

7. AGE 70 YEARS MONTHS 7 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

Angina pectoris Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
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) Sept 18 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richland Mo

13. NAME C. S. Marshall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT M. P. Shry (ADDRESS) Sealedia

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Sept 21

19. UNDERTAKER McLaughlin Bros (ADDRESS) Sealedia

20. FILED 9-19- 1935 Jeanie Slack Registrar

Other contributory causes of importance: 940

Name of operation _____ Date of _____

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) M. P. Shry, M. D.

(Address) Sealedia Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

