

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.

Do not use this space.

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

25916

1. PLACE OF DEATH

County Cleck Registration District No. 190
Township Kahoka Primary Registration District No. 1113
City Kahoka No. _____ St. _____ Ward _____

File No. _____
Registered No. 33

2. FULL NAME Chris C. Reid

(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 Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1886

7. AGE YEARS 49 MONTHS 9 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Buyer
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) Rossville (STATE OR COUNTRY) Illinois

13. NAME Wm. B. Reid

14. BIRTHPLACE (CITY OR TOWN) Moberly Mo. (STATE OR COUNTRY) _____

15. MAIDEN NAME Sarah A. Owens

16. BIRTHPLACE (CITY OR TOWN) Rossville (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Chris C. Reid (ADDRESS) Kahoka Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kahoka Cem. DATE July 13, 1936

19. UNDERTAKER Fred J. Tacke (ADDRESS) Kahoka Mo.

20. FILED 113 1936 J. P. Kuehn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1936

22. I HEREBY CERTIFY That I attended deceased from August 1, 1932 to July 11, 1936

I last saw him alive on July 11, 1936. Death is said to have occurred on the date stated above, at 12:20 P. M.

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

Chr. Myocarditis Date of onset 10 yrs.
1926

Other contributory causes of importance: Arterio-sclerosis (general) with hypertension 15 yrs.

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

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) W. H. Topp M. D.
(Address) Kahoka Mo.

