

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.

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

No. *29702-2*
 Do not use this space.
 File No. _____
 Registered No. *46*
 St. _____ Ward _____

JAN 27 1937

1. PLACE OF DEATH
 County *Wright* Registration District No. *906*
 Township _____ Primary Registration District No. *4677*
 City *Hartsville* (No. _____) St. _____ Ward _____

2. FULL NAME *Claude Junior 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 *5* yrs. *5* mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 10, 1931</i>		
7. AGE YEARS <i>4</i>	MONTHS <i>11</i>	DAYS <i>19</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Dependable</i>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Chief</i>		
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 29, 1936*
 22. I HEREBY CERTIFY That I attended deceased from *July 20, 1936* to *July 29, 1936*
 I last saw him alive on *July 29, 1936*. Death is said to have occurred on the date stated above, at *8:00 a.m.*
 The principal cause of death and related causes of importance were as follows:
Pyophthous fever
 Date of onset _____
 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) *W. F. Beckwith* M. D.
 (Address) *Turney, Mo.*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kansas*
 13. NAME *Willard R Reed*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iowa*
 15. MAIDEN NAME *Nellie Frestad*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iowa*
 17. INFORMANT (ADDRESS) *William R Reed, Hartsville, Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt Zion* DATE *July 29, 36*
 19. UNDERTAKER (ADDRESS) *B. B. Baker, Hillgrove, Mo*
 20. FILED *19* Registrar *Carlton Olive*

