

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

Do not use this space.

DEC 30 1936

43529

**1. PLACE OF DEATH**

County Texas  
Township Burdette  
City No. 1

Registration District No. 862  
Primary Registration District No. 6135

File No. \_\_\_\_\_  
Registered No. 31  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Elgie 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
12 12 4 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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) Greenville Tenn  
(STATE OR COUNTRY)

MOTHER 13. NAME Herbil H Reed

14. BIRTHPLACE (CITY OR TOWN) Long Lake Tenn  
(STATE OR COUNTRY)

15. MAIDEN NAME Viola Bryant

16. BIRTHPLACE (CITY OR TOWN) Long Lake Tenn  
(STATE OR COUNTRY)

17. INFORMANT W. A. Bryant  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Paul. Holant DATE Dec. 1, 1936

19. UNDERTAKER (ADDRESS) A. Richardson

20. FILED Dec 9, 1936 MRS. STUBBS FURNINGHAM Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30, 1936

22. I HEREBY CERTIFY That I attended deceased from Nov 30, 1936, to Nov 30, 1936

I last saw him alive on Nov 30, 1936 Death is said

to have occurred on the date stated above, at 11A m.

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

Crushed by truck overturned

Date of onset Nov 30, 1936

Other contributory causes of importance \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? and Date of injury Nov 30, 1936

Where did injury occur? near Cabool Mo  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on Highway

Manner of injury crushed by truck

Nature of injury crushed chest

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) L. C. Jones, M. D.

(Address) Cabool 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.

