

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

Do not use this space.

140 FEB 25 1937

266

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. State Hosp #2)
 2. FULL NAME Calvin Summers Reed
 (a) Residence, No. Kansas City Mo. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No.
 Registered No. 65
 St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 2 1857</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>7</u>
	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Farmer & Insurance Business</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	10. Date deceased last worked at this occupation (month and year) <u> </u>	
	11. Total time (years) spent in this occupation <u> </u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Paffayett Co Mo</u>		
FATHER	13. NAME <u>Dave Reed</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>	
17. INFORMANT (ADDRESS) <u>Records - State Hosp #2 St. Joseph, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kansas City, Mo</u> DATE <u>Jan. 20</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>H. O. Sidenfaden 1802 Union Str St. Joseph, Mo</u>		
20. FILED <u>Jan. 19 1937</u> <u>H. J. Schellbusch</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19th 1937
 22. I HEREBY CERTIFY, That I attended deceased from 12-2-36, 19 , to 1-19, 1937.
 I last saw him alive on 1-18, 1937. Death is said to have occurred on the date stated above, at 2:45 A. M.
 The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
Chronic Myocarditis & Hypertrophy
 Other contributory causes of importance
 Name of operation None Date of
 What test confirmed diagnosis? Clinical & x-ray 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? NO
 If so, specify
 (Signed) E. P. DeLong M. D.
 (Address) State Hospital #2

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

