MAR 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Monroe
Township: Jackson
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 582
Primary Registration District No. 5779

File No. 7322
Registered No. 7

2. FULL NAME: Thomas Granville Reed

(a) Residence, No. Monroe Co. Infirmary St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 5 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): N. K.

7. AGE: Years 84 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
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) (STATE OR COUNTRY): N. St.

FATHER
13. NAME: N. St.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. St.

MOTHER
15. MAIDEN NAME: N. St.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. St.

17. INFORMANT (ADDRESS): Infirmary Records Paris Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Laubing DATE: 2/26, 1937

19. UNDERTAKER (ADDRESS): None

20. FILED: FEB 25 1937 H. C. Payne, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): FEB 25 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1937, to Feb 26, 1937
I last saw him alive on Feb 25, 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Gangrene	2/12/37
Other contributory causes of importance:	
Arterio Sclerosis	N.K.

Name of operation: ..... Date of: .....
What test confirmed diagnosis? none 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) Geo W. Ragsdale, M. D.
(Address) Paris, Missouri

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.