

APR 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Pettis Registration District No. 665 File No. 12932
Township Houstonia Primary Registration District No. 4898 Registered No. _____
City Houstonia No. _____ St. _____ Ward _____

2. FULL NAME

George Thomas Reid
(a) Residence, No. Houstonia Mo. St. _____ Ward. _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary A Reid</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 27-1858</u>				
7. AGE	YEARS <u>79</u>	MONTHS <u>1</u>	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>for sale</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Feb 1937</u>			
MOTHER	11. Total time (years) spent in this occupation <u>type</u>			
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pulaski Mo</u>			
	13. NAME <u>William Reid</u>			
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mont. Know</u>			
	15. MAIDEN NAME <u>Leathenjie Hendricks</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mont. Know</u>			
17. INFORMANT <u>C. E. Reid</u>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>Fairview</u> DATE <u>Mar 19 1937</u>				
19. UNDERTAKER <u>W. L. Plushbrook</u>				
(ADDRESS) <u>Houstonia Mo</u>				
20. FILED <u>Apr. 5 1937</u> <u>Mar. J. B. Morsey</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 17 1937

22. I HEREBY CERTIFY That I attended deceased from Mar 4 1937 to May 17 1937
I last saw him alive on Mar 17 1937. Death is said to have occurred on the date stated above, at 8-10 P.M.
The principal cause of death and related causes of importance were as follows:
Influenza

Date of onset Mar 13 1937

Other contributory causes of importance: HB

Name of operation _____ Date of _____
What test confirmed diagnosis? X Was there an autopsy? X

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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify C. L. Jay Khushk, M. D.
(Signed) _____ (Address) Houstonia 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.

