

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City

Jackson
Maine
Jackson

Registration District No.

400

Primary Registration District No.

5553 B

File No.

34456

Registered No.

163

(No.)

Jackson County, Mo.

St.

Ward

2. FULL NAME

David Reed

(a) Residence, No.

(Usual place of abode)

Jackson County, Mo.

Ward.

(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)

widowed

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

Eliza Reed

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

July 24 - 1849

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

88

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OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired farmer

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)

Independence Mo

13. NAME

Jasper Reed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown

15. MAIDEN NAME

unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown

17. INFORMANT (ADDRESS)

Miller Fields, 710
Luis Summit Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE

Luis Summit DATE Sept 28, 1937

19. UNDERTAKER (ADDRESS)

Fields James L
Luis Summit Mo

20. FILED

9-27-1937 William J. Fields Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from

9-1-1937, to 9-26-1937

I last saw him alive on 9-24-1937 Death is said

to have occurred on the date stated above, at 6:00 a.m.

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

senile debility

Date of onset

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis clinical 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) J. H. Greene, M. D.

(Address) Independence 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.

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