

NOV 18 1937

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

Do not use this space.

37915

1. PLACE OF DEATH

County JasperRegistration District No. 411

Township

Primary Registration District No. 2002

City

No. 1036

Main

St.

Ward)

2. FULL NAME

(a) Residence, No. 1036

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m4. COLOR OR RACE w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (state the words)

Widower

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

Ella Reed

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

Jan 13, 1867

7. AGE

YEARS 70MONTHS 8DAYS 22

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Laborer

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)

Oklahoma Territory

FATHER

13. NAME

Luke Reed

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

Oklahoma

MOTHER

15. MAIDEN NAME

no record

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

no record

17. INFORMANT (ADDRESS)

Family

18. BURIAL, CREMATION, OR DISPOSITION

PLACED IN

Greenwood

DATE

10-7-37

19. UNDERTAKER (ADDRESS)

Walsh and Co

20. FILED

10-7-371937Ed J. Jones

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-5-37

22. I HEREBY CERTIFY That I attended deceased from

Oct 1, 1937, to Dec 5, 1937.I last saw him alive on Oct 5, 1937. Death is saidto have occurred on the date stated above, at 6:20 a.m.

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

Cardiac Stopping Date of onset2nd Chronic Endocarditis

Other contributory causes of importance:

Old AgeName of operation aga Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) Daniel R. Reed, M. D.(Address) Joplin, 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.

93D

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

37915

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Juplin Primary Registration District No. 2002 Registered No.
(c) City Juplin (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mark J. Reed

(a) Residence, No. 1036 Main St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 8 22

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Oct 7 1937 N.R. Hice Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1937 to Oct 5, 1937

I last saw him alive on Oct 5, 1937 Death is said to have occurred on the date stated above, at..... m.

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

Cardiac insufficiency
Chronic endocarditis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) Daniel R. Hill, M. D.

(Address) Juplin Mo

S-37915