DEC 17 1937

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

Do not use this space.

File No. 41256
Registered No. 1062

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township — Primary Registration District No. 2001
City Springfield (No. 1125 S. National St. Ward)

2. FULL NAME Samuel Alexander Reed
(a) Residence, No. 840 S. Willer St., Ward.
(Usual place of abode) (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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8 - 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	2	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter
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) Miss.

FATHER
13. NAME Robert S. Reed
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur Co. Tenn.

MOTHER
15. MAIDEN NAME Sarah A. Goode
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.

17. INFORMANT Elizabeth A. Holmes
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE East Lawn DATE Nov 10 1937

19. UNDERTAKER J. W. Klingner & Co.
(ADDRESS) Springfield, Mo.

20. FILED Nov 9 1937 Thos. A. George M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/8 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/6/37, 19..., to 11/8, 1937
I last saw him alive on 11/6 1937. Death is said to have occurred on the date stated above, at about 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary abscess — (general) — mo.	
Urinary acute	
exacerbation for a week.	
— not tubercular —	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) Ney D. Callaway, M. D.
(Address) Springfield Mo

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.

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