

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

Do not use this space.

1. PLACE OF DEATH

County COOPER

Registration District No. 217

File No. 2528

Township BLACKWATER

Primary Registration District No. 4/31

Registered No. _____

City Blackwater

St. _____ Ward _____

2. FULL NAME REV. BENJAMIN FRANKLIN REED 300

(a) Residence, No. _____ 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) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 14-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
87 | 5 | 24

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

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) Nov 1937 11. Total time (years) spent in this occupation 63 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LIVINGSTON COUNTY

13. NAME JOHN REED

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

15. MAIDEN NAME _____

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

17. INFORMANT MRS ARTIE REED (ADDRESS) BLACKWATER

18. BURIAL, CREMATION, OR REMOVAL PLACE PENINSULA DATE JAN 10 1938

19. UNDERTAKER STEGNER-KOENIG (ADDRESS) BOONVILLE MO

20. FILED 1-10 1938 W. J. Shober Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1937 to Jan 8 1938

I last saw him alive on Jan 8 1938 Death is said

to have occurred on the date stated above, at 3 P. m.

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

Senility Date of onset _____

Other contributory causes of importance: Arterio Sclerosis disease

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? FEB 22 1938 town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury BUREAU OF VITAL STATISTICS

Nature of injury MO. STATE BOARD OF HEALTH

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) _____ M. D.

(Address) Blackwater, 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.

