WHITE PERINET, 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.

REC'D MAY 17 1938 478

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

Do not use this space.

3

1. PLACE OF DEATH
County Buchanan 1 Registration District No. 85
Township Primary Registration District No. 10CA
City St. Joseph, Mo (No. State Hospital #2 St. Ward)

File No. 14053
Registered No. 414

2. FULL NAME Earl Lee Reeder 360
(a) Residence, No. 1611 Grand Ave St., St. Joseph, Mo (State Hosp.) 1 yr 6 mos
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 14 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) Married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~, HUSBAND OF ~~(OR) WIFE OF~~ Husband of Reeder Mrs. Hazel E. ~~Reeder~~ Mouth
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18 1900
7. AGE YEARS 37 MONTHS 10 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Burgess Wrecking yard
10. Date deceased last worked at this occupation (month and year) May 1935
11. Total time (years) spent in this occupation 11 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reger, Mo.

FATHER
13. NAME Ike Reeder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

MOTHER
15. MAIDEN NAME Alice White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT (ADDRESS) State Hosp. Records
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Green Cem. DATE Apr. 17, 1938
19. UNDERTAKER (ADDRESS) Stoney Funeral Home St. Joseph, Mo
20. FILED 4-12, 1938 H. J. Westlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 38, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1938, to April 10 - 38 19
I last saw him alive on April 10, 1938 Death is said to have occurred on the date stated above, at 1:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of ons
Gen. Paralysis of the Insane	?
83	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Laboratory Was there an autopsy? Yes

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) R. Kuhlman, M. D.
(Address) State Hospital #2