REC'D MAY 16 1938

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

Do not use this space.

15996

File No.
Registered No.

1. PLACE OF DEATH
County: Scott Co. Registration District No.: 1187
Township: Cape Girardeau Mo. Primary Registration District No.: 6064-e.
City: Grays Point (No. , St. Ward)

2. FULL NAME: Mearl Reed

(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 1 yrs. 3 mos. 3 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): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 20-1937

7. AGE: Years — Months: 3 — Days: 3 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: — Child
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): Grays Point Mo.

FATHER
13. NAME: Henry W. Reed
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

MOTHER
15. MAIDEN NAME: Flora Fox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grays Point Mo

17. INFORMANT (ADDRESS): Mrs Reed

18. BURIAL, CREMATION, OR REMOVAL: Lighting Cem
PLACE: Jenny Mo DATE: 4-24 1938

19. UNDERTAKER (ADDRESS): Bingleyhoff & Hurstead Jenny Mo.

20. FILED: May 12 1938 S. T. Dunn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-23 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-16-38, 19, to 4-16, 1938
I last saw he alive on April 16th, 1938. Death is said to have occurred on the date stated above, at 3:45 Am. 4-23-38
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-enteritis	1 Wk

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? no
If so, specify
(Signed) A. F. Judson, M. D.
(Address) 115 E. Independence, Cape Girardeau, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD