DEC'D AUG 22 1938

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

Do not use this space.

24975

1. PLACE OF DEATH
County Cass
Township
City Belton (No. , St. Ward)
Registration District No. 148
Primary Registration District No. 4082
File No. 12
Registered No. 12

2. FULL NAME John Wesley Reid 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1860

7. AGE YEARS 78 MONTHS 1 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. Ret. Realtor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farms, etc
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Riverside Ind

FATHER
13. NAME John Reid
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Miss Fern Reid Belton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Will Cem, Peculiar DATE July 3 1938

19. UNDERTAKER (ADDRESS) E. K. George & Sons Belton Mo

20. FILED July 2 1938 R M Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1938, to July 1, 1938
I last saw him alive on June 30, 1938. Death is said to have occurred on the date stated above, at 8 45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia over	3 yrs

Other contributory causes of importance: 7/10

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) R M Miller, M. D.
(Address) Belton Mo