

REC'D NOV 22 1938

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

36606
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. Y33
(b) Township _____ Primary Registration District No. 4438 Registered No. _____
(c) City Huntsville (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Reed

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14, 1888
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
49 10 5
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as 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) Randolph Co

FATHER 13. NAME John William Reed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co

MOTHER 15. MAIDEN NAME Sarah Irene Swallow

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

17. INFORMANT (ADDRESS) Mrs Sarah Reed
Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville DATE Oct 22, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tom B Patton
Huntsville Mo

20. FILED Nov 1, 1938 Mrs. D. A. Baruhart
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-19-1938

22. I HEREBY CERTIFY That I attended deceased from Coroner Case, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9 P. m.

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

Injuries due to being run over by auto. Both before left leg broken just below knee. Left shoulder crushed, various cuts on face, concussion of brain.
Other contributory causes of importance: None

Date of onset 11-17-38

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 Accident Date of injury 10-19-1938

Where did injury occur? Huntsville, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public place (highway)

Nature of injury run over by auto

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

If so, specify _____

(Signed) E. V. Shrader, Coroner, M. D.

(Address) Moberly, Mo.

Every item or 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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-561

Date Filed 11-3-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Tom B Patton

or by

Registered Apprentice No., working under my personal supervision.

Signed

Tom B Patton

Licensed Embalmer No.

3914

P. O. Address

Huntsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

