DEC 19 1938

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

39370

Do not use this space.

1. PLACE OF DEATH
(a) County Jackson | Registration District No. 398
(b) Township | Primary Registration District No. 3019 | Registered No. 316
(c) City Independence (d) Street No. Indep. Sanitarium 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 Hugh Reid
(a) Residence, No. North River Blvd R.R. No. Box 117
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 May Reid
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-21-1882
7. AGE YEARS 56 MONTHS 3 DAYS 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. K.C. Power Light
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) Richmond Missouri .0

FATHER
13. NAME Hugh Reid
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 4

MOTHER
15. MAIDEN NAME Margaret Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Missouri 7

17. INFORMANT (ADDRESS) Mrs. May Reid R.R. 1 - Box 117 - Indep. Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mound Grove DATE Nov. 16 1938
19. FUNERAL DIRECTOR (ADDRESS) George C. Carson Independence Mo.
20. FILED 11-18-1938 F. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-6, 1938, to 11-14, 1938.
I last saw him alive on 11-14, 1938. Death is said to have occurred on the date stated above, at 5:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrenous Ischio Rectal abscess	8 days
Gangrenous inter-fascial phlegmon left leg	4 days

Other contributory causes of importance: 123

Name of operation Drainage abscess Date of 11-
What test confirmed diagnosis? autopsy 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?
If so, specify
(Signed) J. Lombar, M. D.
(Address) Independence Mo
366

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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