

DECD FEB 24 1939

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

2953

Do not use this space.

1. PLACE OF DEATH

(a) County Livingston 2 Registration District No. 508
(b) Township _____ Primary Registration District No. 3026 Registered No. _____
(c) City Chillicothe (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 10 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

300 WILLIAM REED
(a) Residence, No. 206 LIBERIA 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 COLORED 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF NANCY REED
 (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 2 - 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 0 1
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. ENGINEER
10. Date deceased last worked at this occupation (month and year) 1927 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SHREVEPORT LA. 1

13. NAME JIM REED

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SHREVEPORT LA. 1

15. MAIDEN NAME Unknown 9

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

17. INFORMANT (ADDRESS) NANCY REED

18. BURIAL, CREMATION, OR REMOVAL PLACE North Cemetery DATE Feb 5 - 39

19. FUNERAL DIRECTOR (ADDRESS) F. A. Meinershagen & Son

20. FILED 2-4- 1939 Adm. A. D. Powell, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1934, to Feb 3 1939

I last saw him alive on Feb 1 1939. Death is said to have occurred on the date stated above, at 9:30 pm.

The principal cause of death and related causes of importance were as follows:
Prostatic hypertrophy about 1930 Date of onset 10/1/39

Other contributory causes of importance:
Pneumonia 1/30/39

Name of operation none Date of _____

What test confirmed diagnosis? Urinal Was there an autopsy? No

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. W. Carpenter, M. D.

(Address) Chillicothe Mo

