REC'D MAR 20 1939

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

7381
Do not use this space.

1. PLACE OF DEATH
(a) County Ozark. Registration District No. 649
(b) Township or Township Mo. Primary Registration District No. 5 5 6 0 Registered No.
(c) City Thornfield Mo (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 LONNIE REID.
(a) Residence, No. St.
(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: Anna Reid

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 6 1888

7. AGE: Years 50 Months 5 Days 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer.
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): 1936
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Thornfield Mo S

FATHER
13. NAME: BEDFORD REID O
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio O

MOTHER
15. MAIDEN NAME: Delia Peters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Mrs Anna Reid Thornfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Peters DATE 3/14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Some Bussard Gainesville Mo

20. FILED Mar 12 1939 Hattie G. Davis Local Registrar. 58

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 12th 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1939, to Mar 12, 1939
I last saw him alive on Mar 12, 1939. Death is said to have occurred on the date stated above, at 11:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Cerebral Hemorrhage	Mar 12
	10 Hrs

Other contributory causes of importance:
2 previous Strokes of Paralysis

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) F. C. Meyer, M. D.
(Address) Thornfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Denver W. Koller, Registered Apprentice No. ..... working under my personal supervision.

Signed Denver W. Koller

Licensed Embalmer No. 4006

P. O. Address Gainesville Ga

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

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