

JUN 19 1939

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

17920  
Do not use this space.

1. PLACE OF DEATH

(a) County Clidain Registration District No. 26  
 (b) Township \_\_\_\_\_ Primary Registration District No. 300  
 (c) City Mexico mo (d) Street No. Clidain Co Hospital Registered No. 79  
 (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

(a) Residence, No. Wellville mo 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 married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Dottie B. Reed  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24 1869  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 4 5  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired.  
 10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 45 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wellville mo

FATHER 13. NAME John H. Reed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

MOTHER 15. MAIDEN NAME Agnes H. Holladay

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whitfall Ill

17. INFORMANT (ADDRESS) Dr. J. Reed Jr

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellville mo DATE May 28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Kuhne  
Wellville mo

20. FILED May 25 1939 Blanche Keely  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1939

I HEREBY CERTIFY, That I attended deceased from May 25 1939, to May 25 1939

I last saw him alive on May 25 1939. Death is said to have occurred on the date stated above, at 2:05 P. M.

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

Coronary Thrombosis Date of onset  
Chronic Myocarditis  
Pyonephrosis  
Urteral stone, left.  
 Other contributory causes of importance: 93C

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis Path findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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) J. W. Kuhne, M. D.  
23 (Address) Wellville mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X1623

OCT 27 1939

RECEIVED

District Health Officer No. 10

District File Number 10-39-1100

Date Filed JUN 8 1939

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

Registered Apprentice No. working under my personal supervision.

Signed Clifford C. Kuhn

Licensed Embalmer No. 3059

P. O. Address Wellsville M

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.