

AUG 14 1939

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

Do not use this space.

26201

1. PLACE OF DEATH
67 County Madison
Township Liberty
City 300 (No. 1)

Registration District No. 538
Primary Registration District No. 5720

File No. _____
Registered No. 67
St. _____ Ward _____

2. FULL NAME Paul Willis Reed

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/22 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 18
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, 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) Madison Co Mo

13. NAME Giles G Reed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Mo

15. MAIDEN NAME Eva J Holmquist

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Mo

17. INFORMANT (ADDRESS) Giles G Reed

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Mt Cem DATE 7-11-1939

19. UNDERTAKER (ADDRESS) None

20. FILED July 19 1939 S. B. S. Clougherty Registrar. Ray E. P. Schwan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/10 1939

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____. I last saw him _____ alive on _____ 19____. Death is said to have occurred on the date stated above, at 12:35 p.m. The principal cause of death and related causes of importance were as follows:

Whooping Cough

Other contributory causes of importance: Bowel trouble

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) Harry Benson M. D.

Coroner, Madison Co

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Plant Mt. Com
7-11-29

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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26201
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 538
(b) Township Liberty Primary Registration District No. 5725
(c) City (d) Street No.
(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.

Registered No.

2. PRINT FULL NAME

Paul Willis 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 18

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) Madison Co
(STATE OR COUNTRY) mo

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Aug 19 1937 S. C. Blough Local Registrar

By L. A. Schwane

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10 1937

22. I HEREBY CERTIFY, That I attended deceased from

19... to ... 19...

I last saw h... alive on ... 19... Death is said

to have occurred on the date stated above, at ... m.

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

Date of onset

Other contributory causes of importance:

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?

If so, specify

(Signed) M. Harry Barron, M.D.

(Address) Frederic ...

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Exact statement of cause of death is very important.

1939
S-26201