

See also 31746-40

S.S.NO. UNKNOWN-IF ONE

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

31735
Do not use this space.

FILED OCT 12 1940

1. PLACE OF DEATH

(a) County Clay Registration District No. 198

(b) Township Fishing River Primary Registration District No. 3011 Registered No. 139

(c) City Excelsior Springs, Mo. (d) Street No. Veterans Administration Facility 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. 6 mos. 17 da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Conley Eastman REID

(a) Residence, No. Maysville, Mo. St. Maysville, Mo. (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) Juanita Reid,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 14, 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>45</u>	<u>9</u>	<u>22</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weatherby, Missouri

FATHER

13. NAME Thomas Reid

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

MOTHER

15. MAIDEN NAME Lucinda Thompson

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

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Winston, Mo. DATE 9-5-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Claude Prichard Excelsior Springs, Mo.

20. FILED Sept 5 1940 Mrs. R. M. Cracker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-19-40, 1940, to 9-5-40, 1940. I last saw him alive on Sept. 5, 1940 Death is said to have occurred on the date stated above, at 2:50 A.M. The principal cause of death and related causes of importance were as follows:

Hypertension, arterial, systemic with myocardial damage and myocardial insufficiency

Date of onset

Other contributory causes of importance: Epilepsy, grand mal

Name of operation Spinal puncture Date of 2-29-40

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 Unknown

(Signed) W. A. German, M.D., Clinical Director
Veterans Administration Facility
Excelsior Springs, Missouri

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.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10-9-40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.