

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.

NO. 33101

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

Do not use this space.

338468

1. PLACE OF DEATH

County Pettis
Township Longwood
City Longwood (No. _____)

Registration District No. 668
Primary Registration District No. 5995

File No. 299
Registered No. 668
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Longwood St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (name) <u>Mary Francis Reid</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-5-1853</u> | | |
| 7. AGE YEARS <u>84</u> MONTHS <u>1</u> DAYS <u>17</u> | If LESS than 1 day, _____ hrs. or _____ min. | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>for self</u> | |
| | 10. Date deceased last worked at this occupation (month and year) <u>Oct 1933</u> | |
| | 11. Total time (years) spent in this occupation <u>Life</u> | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Summerset Kentucky</u> | | |
| FATHER | 13. NAME <u>William Reid</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u> | |
| MOTHER | 15. MAIDEN NAME <u>Sarah Godby</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u> | |
| 17. INFORMANT (ADDRESS) <u>Mrs. Harry Lewis</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Longwood</u> DATE <u>10-24-1933</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>W. L. Westcott</u> | | |
| 20. FILED <u>10-23-1934</u> <u>John Slack</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1937 to Oct 22, 1937
I last saw him alive on Oct 21, 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cortic Regurgitation
and Stenosis
Broken Compensation
Other contributory causes of importance:
92
Date of onset Several
mo
Oct
1937

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

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) O. K. Edge M. D.
(Address) Longwood Mo

