

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.

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

6835

1. PLACE OF DEATH

County ST. Louis  
Township St. Ferdinand  
City Ferguson

Registration District No. 784  
Primary Registration District No. 4468  
(No. Children's Home)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence. No. Children's Home St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 23, 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 9 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Platton (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Garnett M. Reed

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sparta (STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Ola Mae Spivey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illino (STATE OR COUNTRY) Mo.

14. INFORMANT Garnett M. Reed (Address) 1268 Isadore Ave.

15. FILED 3-3, 1931 Dr. Carl Kaut REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931, to Feb 14, 1931 that I last saw him alive on Jan 14, 1931, and that death occurred, on the date stated above, at 4:40 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

measles  
CONTRIBUTORY (SECONDARY) Bronchial pneumonia  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) Ray Johnson, M. D.

Feb 14, 1931 (Address) Ferguson Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cemetery DATE OF BURIAL Feb 16 1931

20. UNDERTAKER Shepard Funeral Home ADDRESS 1167-69 Hamilton Ave.

