

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.

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

Do not use this space.

42661

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis Mo (No. 1839 Madison St)

File No.
Registered No. 12579
St. Ward)

2. FULL NAME

William A. Reid
(a) Residence, No. 1839 Madison St., 26 Ward. (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) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 - 1847
7. AGE YEARS 84 MONTHS - DAYS 2 If LESS than day, or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic Engineer
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) Alto
13. NAME James Reid
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
15. MAIDEN NAME Margaret Ryan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S.

17. INFORMANT Nellie Reid (ADDRESS) 1839 Madison St.
18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Dec 23 1931

19. UNDERTAKER Hy Leidner, Hud. Co. (ADDRESS) 149 N. Market St.
20. FILED DEC 21 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20, 1931
22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1931, to Dec 20, 1931.
I last saw him alive on Dec 20, 1931. Death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:
Myocarditis, cystitis chronic Date of onset 9/15/31

4302
1356
Hypertrophy of Prostate
Other contributory causes of importance:
Serulitis, chronic cystitis
Prostate Operated upon about 1 1/2 yrs ago
Name of operation Removal of prostate by cystitis Date of 9/15/30?
What test confirmed diagnosis? Kump's Was there an autopsy? no

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) Henry Jacobson M. D.
(Address) 1310 N. 1st St. St. Louis Mo

