

2 APR 27 1935

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

✓ Do not use this space.

8634

1. PLACE OF DEATH 7 1935

County Dent
Township Franklin
City (No.) St. Ward)

Registration District No. 266
Primary Registration District No. 3-373

File No.
Registered No. 18

2. FULL NAME John W. Reed

(a) Residence, No. 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 7 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Dent Co Mo
(STATE OR COUNTRY)

13. NAME John Wesley Reed

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

15. MAIDEN NAME M. K. xxx

16. BIRTHPLACE (CITY OR TOWN) M. K. xxx
(STATE OR COUNTRY)

17. INFORMANT Isaac Reed
(ADDRESS) St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Forest Co. Mo. 3/7/35

19. UNDERTAKER Carl K. Spencer
(ADDRESS) Salem Mo.

20. FILED 13/7 / 19 35: W. C. Rudolph, W. C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/6/35, 19

22. I HEREBY CERTIFY That I attended deceased from or July 28, 1935, to

I last saw him alive on July 28, 1935. Death is said to have occurred on the date stated above, at 12:25 A.M.

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

Nephritis (Arterio) ✓
Date of onset

Other contributory causes of importance: Scuitly 121

Name of operation No Physical Test Date of

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

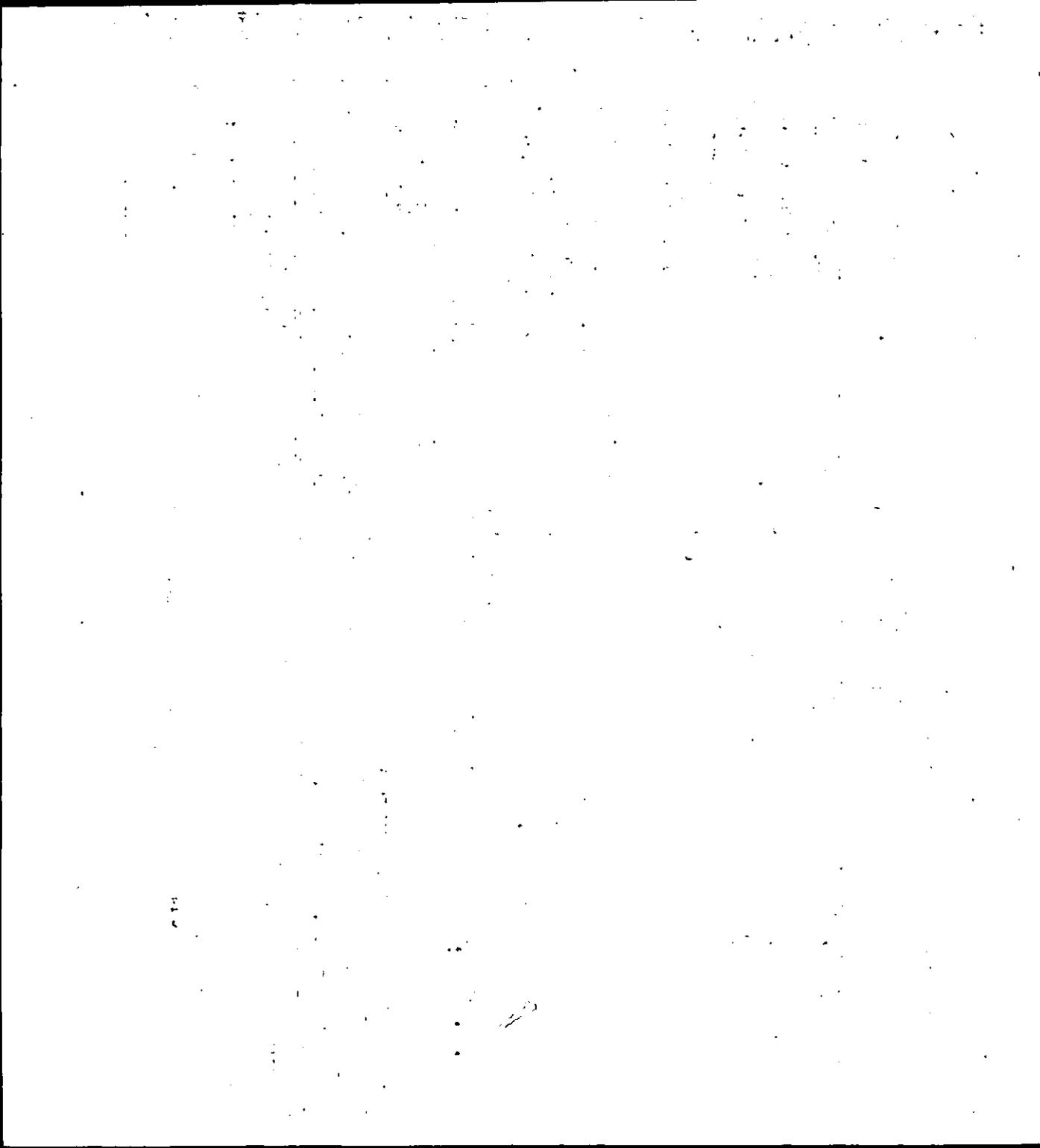
Where did injury occur?

Manner of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) J. D. Lick, M. D.
(Address) Salem Mo.

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.



MAY 21 1935

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

Do not use this space.
RECEIVED
MAY 21 1935
MICHIGAN STATE UNIVERSITY

1. PLACE OF DEATH

County Went
Township
City

Registration District No. 266
Primary Registration District No. 5373

File No.
Registered No. 18
St. Ward

2. FULL NAME

(a) Residence, No. John W Reed 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) mech 6 .1935

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

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

I last saw him alive on _____, 19____. Death is said

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 84 7 20

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

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

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

Nephritis, Chronic Date of onset 1925

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

Other contributory causes of importance: 131

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

13. NAME

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:

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

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.

17. INFORMANT (ADDRESS)

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury _____

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

20. FILED 3/7 1935 W E Reed M.D. Registrar.

(Signed) _____, M. D.

(Address) _____

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

MAY 26 1938

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