

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

Do not use this space.

43762

1. PLACE OF DEATH

County Boone Registration District No. 73
 Township Columbia Primary Registration District No. 3006
 City Columbia (No. Noyes Hospital)

File No.
 Registered No. 324 St. Ward)

2. FULL NAME

Otis Weldon Reeder

(a) Residence, No. 318 Sexton Ave. 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 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..hrs. or ..min.
11 7 20

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

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) Boone Co., Mo.

13. NAME O.W. Reeder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co., Mo.

15. MAIDEN NAME Leora Wren

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co., Mo.

17. INFORMANT (ADDRESS) Oll Reeder
318 Sexton Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cemetery DATE Dec 8th 1936

19. UNDERTAKER (ADDRESS) R. Ollgett
Columbia, Mo.

20. FILED 12/8/36 Allie Selby Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1936 to Dec 7 1936

I last saw him alive on Dec 6 1936 Death is said

to have occurred on the date stated above, at 2:40 a.m.

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

Yreemia Acute nephritis Date of onset

Other contributory causes of importance: Probably scarlet fever

Name of operation .. Date of ..
 What test confirmed diagnosis? .. Was there an autopsy? ..

23. If death was due to external cause (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 Stephan Dreuck M. D.
 (Signed) Stephan Dreuck (Address) Columbia, Mo.

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

