MAR 26 1937

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

Do not use this space.

File No. 9156

Registered No.

1. PLACE OF DEATH
County DUNCAN
Township
City ~~REGER~~ (No. , St. Ward)

Registration District No. 853
Primary Registration District No. 6121

2. FULL NAME JOHN C. 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 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. FEB. 21, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	72	11	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MAIL CARRIER
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) TAZEWELL COUNTY ILLINOIS.

FATHER
13. NAME ROBERT BURNS REED
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

MOTHER
15. MAIDEN NAME RACHAEL SUMMERS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

17. INFORMANT MRS. JOHN C. REED,
(ADDRESS) REGER, MISSOURI.

18. BURIAL, CREMATION, OR REMOVAL
PLACE FIELDS CEM. REGER. DATE FEB. 9, 1937

19. UNDERTAKER C. A. SCHOENE,
(ADDRESS) MILAN, MISSOURI.

20. FILED Mar. 6, 1937 Leo Hagan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3, 1937, 19..., to Feb. 6, 1937, 19...
I last saw him alive on Feb. 6, 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:

	Date of onset
Epilepsy	years ago
(Aura preceeding convulsions, peculiar cry, several generalized convulsions, coma, death.)	

Other contributory causes of importance:

95

Name of operation Date of
What test confirmed diagnosis? None 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? no
If so, specify
(Signed) E. W. Hickory, M. D.
(Address) Milan, 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.