REC'D JUN 16 1938

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

18562
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 411
(b) Township — Primary Registration District No. 2002 — Registered No.
(c) City Joplin — (d) Street No. St Johns Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas Arthur Reed 300
(a) Residence, No. 2916 Joplin St St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W
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) Apr. 24-1913
7. AGE YEARS 25 MONTHS 1 DAYS 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. A B Reed
9. Industry or business in which work was done, as saw mill, bank, etc. Hide & Wool Co 1402 W 10th
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) Joplin Mo

FATHER
13. NAME A. B Reed
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Co Mo

MOTHER
15. MAIDEN NAME Elizabeth Fleming
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo

17. INFORMANT (ADDRESS) A B Reed Joplin Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Oz Mem Pk Cem DATE 6/8 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Perry K Hurebut Joplin Mo
20. FILED 6-8 1938 Ed D James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw him alive on dead June 7, 1938. Death is said to have occurred on the date stated above, at 2:30 AM 6/6/38
The principal cause of death and related causes of importance were as follows:
Fractured skull as result of Automobile accident
Date of onset
Other contributory causes of importance: was driving Jowu car
Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? Investigation
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/5, 1938
Where did injury occur? Jasper County, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on West 20th street
Manner of injury Automobile accident
Nature of injury Fractured skull
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A. N. Winchester Coroner M. D.
(Address) Joplin Mo

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.