

REC'D MAY 12 1939

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

14228  
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 77  
(b) Township Union Primary Registration District No. 5115C Registered No. \_\_\_\_\_  
(c) City Mc Baine (d) Street No. \_\_\_\_\_ 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 JORDAN Alford REED

(a) Residence, No. Ms BAINE Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Georgia Ann Reed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 13 1859</u>		
7. AGE <u>80</u>	YEARS <u>2</u>	MONTHS <u>12</u>
OCCUPATION		8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>
		9. Industry or business in which work was done, as saw mill, bank, etc. <u>MKT RR</u>
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) <u>Linn Co., Mo.</u>		
13. NAME <u>Thomas A Reed</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Emeline Wright</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT (ADDRESS) <u>Wm Reed Columbia Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbia Mo</u> DATE <u>April 27 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>R.O. Willett Columbia Mo</u>		
20. FILED <u>May 8 1939 Mrs Susie Ward</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25<sup>th</sup> 1939

22. I HEREBY CERTIFY THAT I attended deceased from April 1939 to April 28 1939  
I last saw him alive on April 25 1939. Death is said to have occurred on the date stated above, at 8.10 A.M.  
The principal cause of death and related causes of importance were as follows:  
General debility - acute congestive heart failure and heart decompensation

Other contributory causes of importance: ASV

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? X Was there an autopsy? X

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) J. P. Williamson M. D.  
(Address) Columbia Mo.

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

**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 me

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

Signed Lyman H. Spink  
Licensed Embalmer No. 4013  
P. O. Address Columbia

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

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