

REC'D AUG 7 1939

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

24583

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399
(b) Township Kan 1 Primary Registration District No. 1002 Registered No. 2796
(c) City Kennett (d) Street No. 5436 So. Benton 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 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JOHN REID
(a) Residence, No. 5436 So. Benton 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 male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daisy Reid
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 19-1879
7. AGE YEARS 60 MONTHS 2 DAYS 18 IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as 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) Malta Bend, Mo
13. NAME John A Reid
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
15. MAIDEN NAME Bell Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
17. INFORMANT Daisy Reid
(ADDRESS) 5436 So. Benton
18. BURIAL, CREMATION, OR REMOVAL Highland Cemetery 7-11-39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thymon + Street
Kennett
20. FILED July 11, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1939
22. I HEREBY CERTIFY, That I attended deceased from June 26 1939 to July 6 1939
I last saw him alive on July 6 1939 Death is said to have occurred on the date stated above, at 6 A. M.
The principal cause of death and related causes of importance were as follows:
Mitral Regurgitation Date of onset Don't Know
13!
Other contributory causes of importance: Chronic Parenchymatous hepatitis Don't Know
Arterial Hypertension Don't Know
Name of operation..... Date of.....
What test confirmed diagnosis? Clinical 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 no
(Signed) M. C. Lewis M. D.
(Address) 222 Sun. Colon Bldg.

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 *Edw. Stevens*

Licensed Embalmer No. *3836*

P. O. Address:

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.