

REC'D AUG 17 1939

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

25971

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper 3 Registration District No. 419
(b) Township McDonald 1 Primary Registration District No. 3373 Registered No. _____
(c) City _____ (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

(a) Residence, No. 300 Ed L Reid 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charliette</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 4 1892</u>		
7. AGE	YEARS	MONTHS
<u>46</u>	<u>5</u>	<u>6</u>
8. Trade, profession, or particular kind of work done, as an lawyer, bookkeeper, etc. <u>Manager</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Oil Company</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>Budd, Ill. 1</u>		
13. NAME <u>H. Lyle Reid 1</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill. 9</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill. 9</u>		
17. INFORMANT (ADDRESS) <u>Charliette Reid</u> <u>Carthage Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Springfield Mo.</u> DATE <u>July 11, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Kneiss Mortuary</u> <u>Carthage Mo.</u>		
20. FILED <u>July 11, 1939</u> <u>Mrs. S. C. Hall</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1939

22. I HEREBY CERTIFY That I attended deceased from _____, 19____ to _____, 19____
I last saw him alive on July 10 - 1939. Death is said to have occurred on the date stated above, at 4:30 P.M. 7/10/39.
The principal cause of death and related causes of importance were as follows:
Crushed skull
210 m
Date of onset _____

Other contributory causes of importance:
Automobile - truck collision

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7/10/39
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.
Highway
Manner of injury Automobile - Truck Collision
Nature of injury Crushed skull

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) A. G. Winchester M. D.
(Address) Jasper, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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.

WHILE I LIVE, WITH GRADING MARKS THIS IS A PERMANENT RECORD

I X16605

RECEIVED

District Health Officer No. 6,

District File Number 839-1694

Date Filed AUG 11 1939

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 P. W. K. Miller

Licensed Embalmer No. 814

P. O. Address Carthage Mo

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.