

APR 8 1940

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

12591  
Do not use this space.

1. PLACE OF DEATH *Scott*

(a) County *Scott* Registration District No. *814*

(b) Township *Mosley* Primary Registration District No. *6064* Registered No. ....

(c) City? ..... (d) Street No. *9* 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 *James Raymond Reed*

(a) Residence, No. *Bell City R. F. D. No. 10* St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*

4. COLOR OR RACE *col.*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Leta Mae Raymond*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 31 - 1910*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *29 11 24*

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Labourer*

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) *Missouri*

FATHER

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

MOTHER

15. MAIDEN NAME *Floora Wallace*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

17. INFORMANT (ADDRESS) *J. C. Pullen Jr Bell City Mo R. F. D.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Vanduser* DATE *Mar 27 1940*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *J. S. Hussner Co Oney Mo*

20. FILED *Mar 27 1940 Mrs. L. Dougherty Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 26 1940*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 16 1940* to *Mar 13 1940*

I last saw him alive on *Mar 13 1940* Death is said to have occurred on the date stated above, at *12:30 P.M.*

The principal cause of death and related causes of importance were as follows:  
*Pulmonary tuberculosis*

Date of onset

Other contributory causes of importance: *72*

Name of operation ..... 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? ..... 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? .....  
If so, specify .....  
(Signed) *H. P. Shaw* M. D.  
(Address) *Benton 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.

**RECEIVED**

District Health Officer No.

District File Number 440-87

Date Filed 4/4/46

---

**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 comply with the above constitutes grounds for revocation of license.)**

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