

FILED JUN 19 1940

No. 2
1-10-39
17-39
X21492DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19789

Registration District No. 872 Primary Registration District No. 4526 Registrar's No.

1. PLACE OF DEATH:

- (a) County Vernon
 (b) City or town Miles
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ✓
 (Specify whether years, months or days) Thirty years

3. (a) PRINT FULL NAME William Henry Reed 3003. (b) If veteran, name war ✓ (c) Social Security No. ✓4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband Josephine Age of husband or wife if alive 78 years7. Birth date of deceased Mar 11 1857
(Month) (Day) (Year)8. AGE: Years 83 Months 1 Days 16 If less than one day hr. min.9. Birthplace Missouri (City, town, or county) (State or foreign country)10. Usual occupation Farmer (Retired)11. Industry or business Farming12. Name William Reed13. Birthplace York, Pa. (City, town, or county) (State or foreign country)14. Maiden name Patsy Lee Lovcep15. Birthplace York, Pa. (City, town, or county) (State or foreign country)16. (a) Informant J. H. Reed(b) Address Badalia, Mo.17. (a) Burial (b) Date thereof Apr 30 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Independence Mo.18. (a) Signature of funeral director Allen E. Hays(b) Address Nevada 79019. (a) May 1 1940 (b) Mrs. R. J. Park (4-E)
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Vernon
 (c) City or town Miles
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 th
year 1940 hour 5:00 minute 15 P. M.21. I hereby certify that I attended the deceased from Mar 26
1940 to Apr. 27, 1940that I last saw him alive on Apr. 21, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral hemorrhage Duration 31 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? 797While at work? 797 (Specify type of place)
(e) Means of injury _____23. Signature [Signature] (M. D. or other) 1Address Nevada, Mo. Date signed 4-29-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

