

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

Do not use this space.

2341

45

FEB 27 1934
2:45 PM '34

1. PLACE OF DEATH

County St. Francois
Township Six-H. Francois
City Flat River Mo

Registration District No. 774
Primary Registration District No. 4465

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Lucius Robert Reed

(a) Residence, No. Flat River Mo Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Corde C. Reed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10th 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 — 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1-27-34
11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

13. NAME J. B. Reed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Sheba Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mrs Corde C. Reed
(ADDRESS) Flat River Mo

18. BURIAL, CREMATION, OR REMOVAL Bankview Cemetery DATE 1-29 1934

19. UNDERTAKER Caldwell Bros
(ADDRESS) Flat River Mo

20. FILED 1/29 1934 Estanar Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-27 1934, to 1-27 1934

I last saw him alive on Jan 27 1934. 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:

Phenol poisoning
1630
163
Date of onset 1-27-34

Other contributory causes of importance _____

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? suicide Date of injury Jan 27 1934

Where did injury occur? Flat River, St. Francois County, Mo
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.
In home

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) W. A. Pabsting
(Address) Flat River Mo

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

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