

REC'D OCT 24 1935

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

32722
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 5-38
(b) Township liberty Primary Registration District No. 5725 Registered No. 71
(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 Theodore Russell Reed

(a) Residence, No. Minimum 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Lousettie Reed
(OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2, 1870
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 11 29

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

12. BIRTHPLACE (CITY OR TOWN) Madison County Mo.
(STATE OR COUNTRY)

FATHER 13. NAME John Reed

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

MOTHER 15. MAIDEN NAME Jane Piggott

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

17. INFORMANT Giles Reed
(ADDRESS) Minimum Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Minimum Mo. DATE Sept 2 38

19. FUNERAL DIRECTOR none
(ADDRESS)

20. FILED Sept 2 1935 S.C. Slaughter Registrar
481 (Address) Shanton, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1 19 38
22. I HEREBY CERTIFY, That I attended deceased from June 14th 1938 to Sept. 1st 1938
Last saw him alive on June 14th 1938 Death is said to have occurred on the date stated above, at 5.45A.M.
The principal cause of death and related causes of importance were as follows:

mental insufficiency and Regurgitation?
Other contributory causes of importance: Sanitary

Name of operation Date of
What test confirmed diagnosis? none 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
(Signed) P. E. Harland, M. D.
Shanton, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)