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

Do not use this space.

18826

JUN 27 1929

1. PLACE OF DEATH
County Moniteau
Township Walker
City ..... Co. .....
Registration District No. 571
Primary Registration District No. 5769
File No. .....
Registered No. 28
(..... St. ..... Ward)

2. FULL NAME Andrew Jackson Reed

(a) Residence. No. ..... St., ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mary Reed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 24 1850

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 79 | 1 | 10 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... Moniteau Co
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Reed
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... Ky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Marion Thompson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... Ky
(STATE OR COUNTRY)

14. INFORMANT John Reed
(Address) California Mo.

15. Filed May 5, 1929 Jas. W. Roth, Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3rd 1929

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19..., that I last saw h.. alive on May 3 1929, and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
131
..... (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) 1290
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) L. M. Gray, M. D.
May 5 1929 (Address) California Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Old Haleem Cem — DATE OF BURIAL 5/7 1929

20. UNDERTAKER Williams & Friedmeyer — ADDRESS California Mo

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