

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.

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

Do not use this space.

12

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St. Joseph, Primary Registration District No. 1001
 City St. Joseph, (No. St. Joseph, s Hospital) Registered No. 13
 St. _____ Ward _____
 2. FULL NAME DeWitt R Reid
 (a) Residence, No. 2762 Jackson Street St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred I yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pearl Reid</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 30 1885</u>		
7. AGE <u>49</u> YEARS <u>4</u> MONTHS <u>3</u> DAYS <u>28</u> hrs. or min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman Wolf Cheese</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Co.</u>		11. Total time (years) spent in this occupation <u>12</u> years
10. Date deceased last worked at this occupation (month and year) <u>Jan. 1933</u>		

12. BIRTHPLACE (CITY OR TOWN) Pocahontas,
 (STATE OR COUNTRY) Missouri.

13. NAME Rueben E Reid
 (STATE OR COUNTRY) Unknown

14. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Texas

15. MAIDEN NAME Mary E Pierce

16. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Missouri.

17. INFORMANT Emerson J Reid
 (ADDRESS) 2762 Jackson Street

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Jackson, Mo DATE Jan. 5th 1933

19. UNDERTAKER H. O. Siedenbader
 (ADDRESS) 1802 Union Street

20. FILED Jan 3 1933 John R Bender
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 3, 1933
 Viewed on _____
 22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933, to _____, 19____
 I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9/48a.m.
 The principal cause of death and related causes of importance were as follows:
Gunshot Wound (suicidal) Date of onset _____
 167 167
 Other contributory causes of importance:
Worry over old killing an old man with car.
 Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicidal Date of injury Jan 3, 1933
 Where did injury occur? W. Ozark Mo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Public
 Manner of injury Gunshot Wound
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Tommy Thomas Coroner
 (Address) 8014 E. 11th

OCCUPATION
 FATHER
 MOTHER

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