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

Do not use this space.

39261

File No.

Registered No. 22

1. PLACE OF DEATH
County Lon
Township Monroe
City Annapolis (No. St. Ward)
Registration District No. 390
Primary Registration District No. 5345

2. FULL NAME James Ellis 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.

JAN 19 1931

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Sarah J. Reed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 22 1849

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
81	10	28	

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

9. BIRTHPLACE (CITY OR TOWN) St Genevieve
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER John Reed
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont Know

14. INFORMANT Rella A. Reed Fleming
(Address) Monroe Mo

15. FILED Dec 31, 1930 B C Hunter REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23rd 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 22nd, 1930 to Dec 23, 1930 that I last saw h... alive on Dec 23, 1930 and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Labor pneumonia
Hrt

24 hours (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY) None
(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) H B Hunter, M. D.
Dec 31, 1930 (Address) Annapolis 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	DATE OF BURIAL
White & Copeland	Dec 24 1930
20. UNDERTAKER	ADDRESS
White & Copeland	Annapolis

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.