

PLACE OF DEATH

County _____

Township _____

or

Village _____

or

City St. Louis Mo (NO. 2012nd Oregon)Registration District No. 79thFile No. 39238Primary Registration District No. 1008Registered No. 9667St. _____ Ward 14

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Sheldon Simpson Reynolds

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)DATE OF DEATH Nov 1, 1911
(Month) (Day) (Year)DATE OF BIRTH May 19, 1887
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Feb 10, 1911, to Nov 1, 1911, that I last saw him alive on Nov 1, 1911, and that death occurred, on the date stated above, at 11⁴⁵ m. The CAUSE OF DEATH* was as follows:
Pulmonary TuberculosisAGE 24 yrs. 5 mos. 13 ds. If LESS than 1 day, _____ hrs. or _____ min.?OCCUPATION (a) Trade, profession, or particular kind of work Collector
(b) General nature of industry, business, or establishment in which employed (or employer) as aboveBIRTHPLACE (City or town, State or foreign country) St. Louis MoNAME OF FATHER Wm. H. ReynoldsBIRTHPLACE OF FATHER (City or town, State or foreign country) KyMAIDEN NAME OF MOTHER Helena W. SimpsonBIRTHPLACE OF MOTHER (City or town, State or foreign country) Mich

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. H. Reynolds
(ADDRESS) 2012nd OregonFiled NOV -3 1911 Max C. Starkloff REGISTRARDATE OF DEATH Nov 1, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Feb 10, 1911, to Nov 1, 1911, that I last saw him alive on Nov 1, 1911, and that death occurred, on the date stated above, at 11⁴⁵ m. The CAUSE OF DEATH* was as follows:
Pulmonary TuberculosisContributory None
(SECONDARY) (Duration) 1/2 yrs. 0 mos. 0 ds.(Signed) Robt. R. Keeble M. D.
Nov 2, 1911 (Address) 2747 Lafayette

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.Where was disease contracted if not at place of death? _____
Former or usual residence _____PLACE OF BURIAL OR REMOVAL St. Matthews DATE OF BURIAL 11/3, 1911UNDERTAKER Wm. C. Cumberton ADDRESS St. Louis Mo4232 Manchester

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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



PLACE OF DEATH

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

 County _____
 Township _____
 or
 Village _____
 or
 City St Louis (NO. _____) (St. _____ Ward _____)

 Registration District No. 791 File No. _____
 Primary Registration District No. 1000 Registered No. 9667

(If death occurred in a hospital or institution, give its NAME instead of street and number)

 FULL NAME Sheldon Simpson Reynolds

PERSONAL AND STATISTICAL PARTICULARS

 SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED Single
 (Write the word)

 DATE OF BIRTH 5/19, 1887
 (Month) (Day) (Year)

 AGE 24 yrs. 5 mos. 13 ds. IF LESS than 1 day, ___ hrs. or ___ min.

 OCCUPATION (a) Trade, profession, or particular kind of work Collector
 (b) General nature of industry, business, or establishment in which employed (or employer) Collector of debts

 BIRTHPLACE (City or town, State or foreign country) St Louis

 PARENTS
 NAME OF FATHER Wm L Reynolds
 BIRTHPLACE OF FATHER (City or town, State or foreign country) St Louis
 MAIDEN NAME OF MOTHER Edgar W Simpson
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mich

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 (Informant) W. Reynolds

 (ADDRESS) 2017 Oregon

 Filed 1-4 X 1912 9-4 Snodgrass REGISTRAR

 Original file, date NOV 28 1911

MEDICAL CERTIFICATE OF DEATH

 DATE OF DEATH 11-1- 1911
 (Month) (Day) (Year)

 I HEREBY CERTIFY, that I attended deceased from 11/1, 1911, to 11/1, 1911,
 that I last saw him alive on 11/1, 1911,
 and that death occurred, on the date stated above, at 11:45 P m.

 The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

 Contributory (SECONDARY) _____ (Duration) 1 1/2 yrs. almost mos. 0 ds.

 (Signed) Robt R Keyble M. D.
11-7, 1911 (Address) 2747 Lafayette

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

 PLACE OF BURIAL OR REMOVAL St Matthews DATE OF BURIAL 11-3- 1911

 UNDERTAKER Wm Ambrose ADDRESS St Louis

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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