JUN 24 1927

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

Do not use this space.

14177

1. PLACE OF DEATH

County Buchanan — Registration District No. 83 — File No.

Township ~~Faucett~~ — Primary Registration District No. 4051 — Registered No.

City Faucett, (No. ..., ... St. ..... Ward)

2. FULL NAME Robert J.Reynolds

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

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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May,7,1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	0	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Tobacco

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co,Mo.

PARENTS

10. NAME OF FATHER James W.Reynolds

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Missouri E.Frans

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT J.R.Reynolds (Address) St.Joseph,Mo.

15. FILED 5.22, 1927 W.S. Hull REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) May,21,1927 19

17. I HEREBY CERTIFY, That I attended deceased from April 29, 1927, to May 21, 1927 that I last saw him alive on May 21, 1927 and that death occurred, on the date stated above, at 2.30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131

9 [illegible]

Organic Heart Disease

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Bright's Disease

(duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129a

9 DID AN OPERATION PRECEDE DEATH? — DATE OF —

WAS THERE AN AUTOPSY? —

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W.S. Hull, M.D

May, 23, 1927 (Address) Faucett 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: Faucett Cemetery — DATE OF BURIAL: May, 23, 1927

20. UNDERTAKER: Walter Meierhoffer — ADDRESS: St. Joseph,Mo.

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.