

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

Do not use this space.

JUL 26 1928

29910-a

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1. PLACE OF DEATH
County Leopold Registration District No. 219
Township Kelley Primary Registration District No. 5299
City (No. _____) St. _____ Ward _____

2. FULL NAME Harry Willard Reynolds
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 39 yrs. 4 mos. 28 ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

File No. 26
Registered No. 26

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 30 1927
17. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1927 to Oct 30, 1927 that I last saw him alive on Oct 30, 1927 and that death occurred, on the date stated above, at 11 P M.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Erysipelas
Septic Poisoning

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 1888
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 4 28

CONTRIBUTORY (SECONDARY) Septic Poisoning
(duration) yrs. mos. ds. 1 5 5

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

10. NAME OF FATHER Wm Reynolds

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W H Elliott M. D.
, 19 (Address) Burnston Mo

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

12. MAIDEN NAME OF MOTHER Sarah Louisa

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

14. INFORMANT (Address) Mrs Sarah Reynolds
Pilot Grove Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Masonic Cemetery 11/1 1927

15. FILED 7/17, 1928 Hattie Payne REGISTRAR

20. UNDERTAKER ADDRESS
P E Hays Pilot Grove 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.

