FEB 20 1928

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

Do not use this space.

301

1. PLACE OF DEATH
County: Buchanan — Registration District No. 35
Township: — Primary Registration District No. 1001
City: St. Joseph, (No. 902 North 6th. St. Ward)

File No.
Registered No. ///

2. FULL NAME: Margaret Catherine Reynolds,

(a) Residence. No. 902 North 6th. 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. 2 mos. 8 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 19, 1927

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	8	

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

9. BIRTHPLACE (CITY OR TOWN) Saint Joseph,
(STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER Ray Reynolds,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Phelps Co.,
(STATE OR COUNTRY) Nebraska,
12. MAIDEN NAME OF MOTHER Jennie Cook,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri,

14. INFORMANT Ray Reynolds
(Address) 902 North 6th. Street.

15. FILED JAN 28 1928 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1928, to Jan 27, 1928, that I last saw h. w. alive on Jan 27, 1928, and that death occurred, on the date stated above, at 12:10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82A/4A1
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
O DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Hist.
(Signed) Forrest Thomas, M. D
1/28, 1928 (Address) 716½ Felix

*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: St. Jo. Mem. Park Cemetery
DATE OF BURIAL: Jan. 28 1928

20. UNDERTAKER: Heaton-Belote-Bowman 6 & St. Joseph
ADDRESS: 319 S. 10 St. Funeral Home

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.