

AUG 21 1928

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.

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

Do not use this space.

23087

1. PLACE OF DEATH
 County Richmond Registration District No. 85
 Township Washington Primary Registration District No. 1001
 City St. Louis (No. State Hospital # 2 Sl. Ward)
 Registered No. 895

2. FULL NAME Gertrude Reynolds
 (a) Residence No. Excelsior Springs, Mo. 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. 18 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 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) Unknown 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Labourer
 (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) Mo

10. NAME OF FATHER Clay Thurston

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

12. MAIDEN NAME OF MOTHER Matilda Parker

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

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25 1928

17. I HEREBY CERTIFY That I attended deceased from May 7, 1928, to July 25, 1928 (that I last saw him alive on July 24, 1928, and that death occurred, on the date stated above, at 3:25 A.M.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
8 1/2 Precip
34 1/2
 (duration) yrs. 3 mos. da.

CONTRIBUTORY (SECONDARY) Not known
 (duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH No DATE OF

20. WAS THERE AN AUTOPSY No

WHAT TEST CONFIRMED DIAGNOSIS Plumage & Serological
 (Signed) , M. D.
July 25 1928 (Address) State Hospital # 2

*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 Phyllis Reed, that of # 2
 Address

15. FILED JUL 25 1928 John G. W. S. 283 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Versailles Mo DATE OF BURIAL July 25 19 28

20. UNDERTAKER E. Q. Sidenfaden ADDRESS 607 So. 10th

