CT 22 1928

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

Do not use this space.

29822

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85 — File No.

Township: — Primary Registration District No. 1001 — Registered No. 1135

City: St. Joseph (No. ..... St. ..... Ward)

2. FULL NAME: Millard Reynolds

(a) Residence. No. 2416 Charles St. St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

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): September 29, 828

7. AGE: Years 0 — Months 0 — Days 0 — If LESS than 1 day, 3 hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): St. Joseph
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Frank J. Reynolds
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Winston
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Mary B. Morris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St. Joseph
(STATE OR COUNTRY): Missouri

14. INFORMANT: Frank B. Reynolds
(Address): 2202 Sylvanie Street

15. FILED: Sep 28 1928 — John G. Jutz, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 29 1928

17. I HEREBY CERTIFY, That I attended deceased from at birth, 19.... to ....., 19.... that I last saw him alive on Sept. 29, 1928, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature
159
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Mothing
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

8 IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. D. Webb, M. D.

9-29-, 1928 (Address) St. Joseph, 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: Ashland, Cemetery — DATE OF BURIAL: Sep. 28 1928

20. UNDERTAKER: W. Meirhoffer — ADDRESS: 1302 Faraon