

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

Do not use this space.

32693

1. PLACE OF DEATH

County Barry
Township Manuel
City..... (No.....).....

Registration District No. 20
Primary Registration District No. 5040

File No.
Registered No. 73
St. Ward

2. FULL NAME

Sorathy May Reynaud

(a) Residence. No. 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. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 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 13, 1923

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 4 28

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)

(STATE OR COUNTRY) Barry co. mo

10. NAME OF FATHER Annie Reynaud

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

12. MAIDEN NAME OF MOTHER Georgia Marshall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Barry co. mo

14. INFORMANT Annie Reynaud
(Address) Monett mo

15. FILED 10-14, 1928 W. M. West
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-13-1928

17. I HEREBY CERTIFY That I attended deceased from Oct 1, 1928 to Oct 13, 1928 that I last saw her alive on Oct 13, 1928, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dysphoid fever

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 Did an operation precede death?..... DATE of.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. A. Ferguson, M. D.

10-14, 1928 (Address) Monett, 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 DATE OF BURIAL

Walsenburg Cemetery 10/14/28
20. UNDERTAKER Callaway ADDRESS Monett

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.

1928

