

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.

1553

1. PLACE OF DEATH

County Jackson  
Township Shaw  
City St. C. Mo. (No. 1727 Forest Ave)

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1553  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Wm. Reynolds  
(a) Residence. No. 1727 Forest Ave. 4 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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)

Mar 27-1898

7. AGE

| YEARS     | MONTHS   | DAYS      | IF LESS than 1 day, hrs. or min. |
|-----------|----------|-----------|----------------------------------|
| <u>50</u> | <u>9</u> | <u>14</u> | <u>—</u>                         |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Porter

(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)

Ill.

10. NAME OF FATHER

Alex Reynolds

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

S.C.

12. MAIDEN NAME OF MOTHER

Catherine Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14.

INFORMANT  
(Address)

Lucy Madison  
1727 Forest Ave

15.

FILED

1-12-1929 M. M. Curran  
Regist. REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-11-1929

17.

I HEREBY CERTIFY That I attended deceased from 11/2 1929, to Jan 11 1929 that I last saw him alive on Jan 10 1929, and that death occurred, on the date stated above, at 9:20 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic nephritis

CONTRIBUTORY (SECONDARY)

Cardiac failure

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. don't know

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) W. R. Under, M. D.

11/2, 1929 (Address) 921 E. 18

\*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

Highland Cem.

1-14-1929

20. UNDERTAKER

ADDRESS

H. B. Moore

1820 E. 18 St

921 C. 18" St  
Hr 0917.