

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

Do not use this space.

2727

**1. PLACE OF DEATH**

County Nodaway  
Township Atkinson  
City (No. ....) .....

Registration District No. 619  
Primary Registration District No. 5821

File No. ....  
Registered No. 1  
St. .... Ward)

**2. FULL NAME**

George L Reynolds

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31-1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
81 5 8

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Canada

10. NAME OF FATHER Aaron Reynolds

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

12. MAIDEN NAME OF MOTHER Martha Hatch

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

14. INFORMANT Earnest Reynolds

(Address) Clearmont Mo

15. FILED Jan 8 1929 H. H. Miller REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 1929

17. I HEREBY CERTIFY, That I attended deceased from March 1920, to Jan 1st 1929, that I last saw him alive on Nov 1st 1928, and that death occurred, on the date stated above, at 8.9 a.m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

arteriosclerosis

CONTRIBUTORY (SECONDARY) Influenza

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. D. Dean, M. D. Jan 3, 1929 (Address) Maryville Mo

\*State the DISEASE CAUSING DEATH, or if 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 Oak Hill cemetery DATE OF BURIAL 1-8 1929

20. UNDERTAKER Price J. G. Maryville Mo ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACTLY. PHYSICIANS should state EXACTLY.

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