

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

Do not use this space.

5062

1. PLACE OF DEATH

County Stoddard

Registration District No. 836

Township

Primary Registration District No. 27507

City Bernie (No.) St. Ward)

File No.

Registered No.

2. FULL NAME

Ella Louise 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

Female

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

single

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

11/6/28

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

2 | 17

8. OCCUPATION OF DECEASED

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

none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Bernie, Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Clris Reynolds

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Blountfield Mo.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Gladys Ivy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Malden Mo.

(STATE OR COUNTRY)

14. INFORMANT

Clris Reynolds

(Address)

Bernie, Mo.

15. FILED

1/26, 1929

J. F. Riddle

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

1/22 1929

17.

I HEREBY CERTIFY, That I attended deceased from 1/20, 1929, to 1/22, 1929

that I last saw her alive on 1/22, 1929, and that death occurred, on the date stated above, at 9:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Capillary Bronchitis

107B

100B

CONTRIBUTORY (SECONDARY)

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?

WHAT TEST CONFIRMED DIAGNOSIS?

Symptoms

(Signed) J. F. Riddle, M. D.

, 19 (Address) Bernie, 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

Bernie, Mo.

1/23 1929

20. UNDERTAKER

ADDRESS

Bernie Undertaking Co.

Bernie, Mo.

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.

1929
1928

