

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

Do not use this space.

15132

1. PLACE OF DEATH

County Jefferson Registration District No. H 70 File No. _____
 Township _____ Primary Registration District No. 3022 Registered No. 540
 City De Soto (No. _____) St. _____ Ward _____

2. FULL NAME

Essie Clair 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 f 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 30 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 26

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

9. BIRTHPLACE (CITY OR TOWN) Potosi
 (STATE OR COUNTRY) mo

10. NAME OF FATHER Jefferson Groom

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

12. MAIDEN NAME OF MOTHER Elsie Lancashire
 (STATE OR COUNTRY) Ky.

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

14. INFORMANT James Reynolds
 (Address) De Soto, Mo.

15. FILED 4/27/29 D. L. Paugely REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1929

17. I HEREBY CERTIFY That I attended deceased from 4/24/29
 _____, 1929, to 4/26, 1929.
 that I last saw him alive on 4/26/29, 1929, and that death occurred, on the date stated above, at 8:36 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

peritonitis
pneumonia, septic
 (duration) 0 yrs. 0 mos. 3 ds.
 CONTRIBUTORY (SECONDARY) _____
 (duration) 0 yrs. 0 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

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

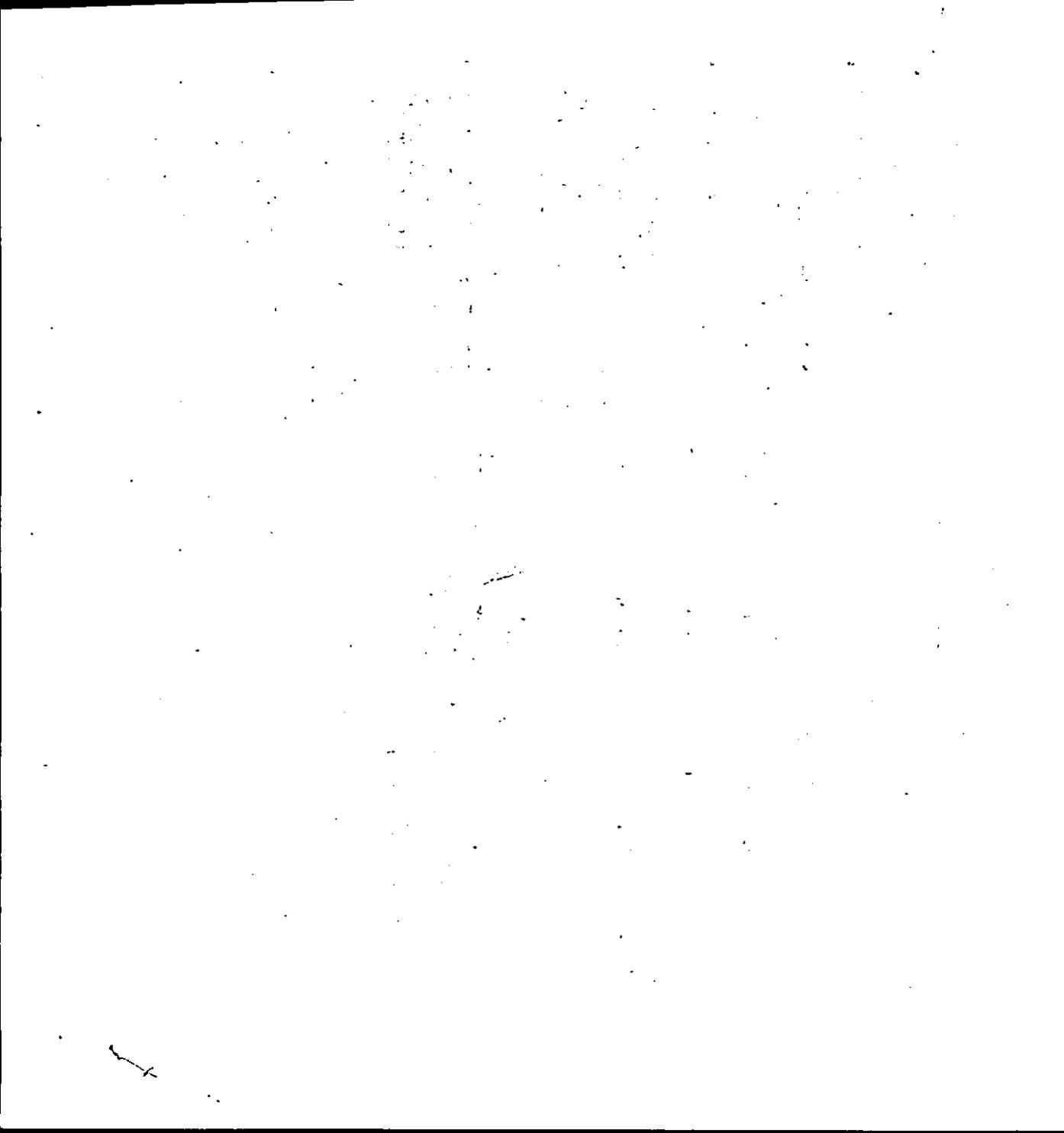
20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMS DIAGNOSIS smearal stained
 (Signed) Walter E. Johnson, M. D.
 (Address) De Soto, 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 wood lawn Park DATE OF BURIAL 4/28, 1929

20. UNDERTAKER C. H. Barnhart ADDRESS De Soto, Mo.



checked by check marks, lacking from the death certificate:

Name: Essie Blair Reynolds

Who died at: De Soto Mo. on April 26, 1939,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____ 126

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Peritonitis probably extending from a phlegm cellulitis - Not fungal origin

Contributory: Pneumonia, septic

Where was disease contracted? at Home

Did operation precede death? No Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

Name of physician: Walter E. Gibson, Jr.

Address of physician: De Soto Mo.

1929

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