APR 30 1930

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

Do not use this space.

9502

File No. 81

Registered No.

1. PLACE OF DEATH

County Marion Registration District No. 547

Township Mason Primary Registration District No. 3029

City Hannibal (No. 1500 Market St. Ward)

2. FULL NAME Marion William McReynolds

(a) Residence. No. 1500 Market 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	—

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

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

7. AGE Years	Months	Days	If LESS than 1 ~~day~~ hrs. or min.
—	—	—	8 hrs.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(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) Hannibal, Mo

PARENTS

10. NAME OF FATHER George W. McReynolds

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

12. MAIDEN NAME OF MOTHER Idella Mellong

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Hannibal, Mo

14. INFORMANT George W. McReynolds
(Address) Hannibal, Mo

15. FILED Apl 2 30 E. Causins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/30 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar. 30, 1930 to Mar. 30, 1930 that I last saw h. alive on Mar. 30, 1930, and that death occurred, on the date stated above, at 2:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dant J. Cow
Burn of b. mth
1.59

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 16 W

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

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

, 19 (Address) Hannibal 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 Mt. Olivet Cem. DATE OF BURIAL 3/31 1930

20. UNDERTAKER Jas. O'Donnell ADDRESS Hannibal 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.