JUN 25

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

Do not use this space. #18

15882-Ø

1. PLACE OF DEATH Dr Sherman

County Greene — Registration District No. 318

Township Springfield Boyd — Primary Registration District No. 5440

City Springfield Mo (No. R. R. #7 St. Ward)

File No.

Registered No. 366

2. FULL NAME Infant of Mr Mrs C E Reynolds

(a) Residence. No. R R 7 Springfield 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: M
4. COLOR OR RACE: W.F.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 8 1930

7. AGE: Years 0 — Months 0 — Days 0 — If LESS than 1 day, ... hrs. or 15 min.

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

9. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER: C E Reynolds
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER: Ida Conn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT: C E Reynolds
(Address) R R 7 Springfield Mo.

15. FILED 5-8, 1930 Geo Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 8 1930

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1930, to May 8, 1930 that I last saw him alive on May 8, 1930, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature birth
7 month infant —
lived only few minutes
1603 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 169 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
3 DID AN OPERATION PRECEDE DEATH? Instrumental Delivery DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. A. Sherman, M. D.
5-8, 1930 (Address) Springfield 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: Brooklin Cemetery — DATE OF BURIAL: 5/8 1930

20. UNDERTAKER: W L Stone — ADDRESS: Walnut market

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.