

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

Do not use this space.

18379

**1. PLACE OF DEATH**

County Vernon  
Township Center  
City Nevada (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 875  
Primary Registration District No. 3039

File No. \_\_\_\_\_  
Registered No. 111

**2. FULL NAME**

Austin C Reynolds  
(a) Residence, No. Vernon Co. Mo 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 9 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
61      2      9

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer 21000  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Addington  
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER John Reynolds

11. BIRTHPLACE OF FATHER (CITY OR TOWN) PK  
(STATE OR COUNTRY) South Carolina

12. MAIDEN NAME OF MOTHER Minnie Hurbert

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

14. INFORMANT Julia A Reynolds  
(Address) Nevada Mo

15. FILED 6/4/19 30 E. R. King REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5 / 18 / 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Killed, struck by auto. on public highway. Died instantly  
(duration) \_\_\_\_\_ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Mrs. Passes  
(duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1010 West  
(CITY OR PLACE OF DEATH) \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS (Signed) W. E. Ferry Croner  
19\_\_\_\_ (Address) Nevada 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 Newton Cemetery DATE OF BURIAL 5 / 20 / 1930

20. UNDERTAKER Ferry Funeral Home Nevada 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.

