

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

Do not use this space.

19677

2678

1. PLACE OF DEATH

County Jackson

Registration District No.

Township Kaw

Primary Registration District No.

City Kansas City, Mo. (No. 4015 Campbell)

File No.

Registered No.

St. Ward)

2. FULL NAME Mrs. Sarah Adeline Reynolds

(a) Residence. No. 4015 Campbell St. 6 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28, 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1929 to June 27, 1930 that I last saw him alive on June 27, 1930 and that death occurred, on the date stated above, at 3:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 22, 1857

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 5 6

Apoplexy - 83 R
Hyperemia - 87 R
129
..... (duration) yrs. 2 mos. ds.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

CONTRIBUTORY (SECONDARY) Arteriosclerosis
..... (duration) 10 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Indiana

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Report from

(Signed) Ronald Davis, M. D.

428, 1930 (Address) 1024 Jerome Blvd

*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.

10. NAME OF FATHER

Dont know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Dont know

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Dont know

14. INFORMANT

Mrs Ruth L Reynolds
(Address) 4015 Campbell

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Forest Hill Cemetery

6/30/30

15. FILED

6/28 1930 M. McCrewe
REGISTRAR

20. UNDERTAKER

ADDRESS

Freeman Mortuary, 104 W 42nd

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.

Dr. P. C. Davis.
1374 Pico St. Bklyn.
98 Grand =

11 1/2 Jan
1024 Pico St. Bklyn.