

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

Do not use this space.

22347

1. PLACE OF DEATH

County Crocker

Registration District No. 218

Township Boonville

Primary Registration District No. 3015

City Boonville (No.)

File No. 74

Registered No. 74

St. Ward)

2. FULL NAME

Frank 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

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

June 8th 1853

7. AGE

YEARS 77

MONTHS 1

DAYS 12

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Laborer

(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)

Virginia

10. NAME OF FATHER

Joseph Reynolds

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

Mrs S. A. Oneal
744 Pendleton Ave
Boonville Mo.

15.

FILED 7/22 1930

J. B. Smiley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21st 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1

1928 to July 21, 1930

that I last saw him/her alive on July 16, 1930, and that death occurred, on the date stated above, at 3 o'clock a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Rheumatism of Heart

5612

(duration) 2(?) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

510

(duration) yrs. mos. ds.

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? Clinical

(Signed) G. A. Russell, M. D.

, 19 Boonville Mo. (Address)

*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

DATE OF BURIAL

Walnut Grove Cem. Boonville July 21st 1930

20. UNDERTAKER

ADDRESS

Schivitzky Meister Boonville

K. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 25 1930

