

DEC 20 1930

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

Do not use this space.

32035^c

1. PLACE OF DEATH

County Barnes Registration District No. 29
Township Flat Creek Primary Registration District No. 5038
City Cassville (No. _____) St. _____ Ward _____

File No. _____
Registered No. 44

2. FULL NAME William Alonzo 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. 11 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 Lulu Reynolds

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-1-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 11 15

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work retired farmer
(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) Ill

10. NAME OF FATHER William Reynolds
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill
12. MAIDEN NAME OF MOTHER Tade
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill

14. INFORMANT Orville Reynolds
(Address) Cassville, Mo.

15. FILED Dec 30 1930 Mrs. N. R. Williams REGISTRAR
Ppt.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 16th 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 3rd 1930 to Oct. 16th 1930, that I last saw him alive on Oct. 15th 1930, and that death occurred, on the date stated above, at 1:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Paralysis and Senility
820
1620

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY old age
(SECONDARY) (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 None
(Signed) D. L. Mitchell, M. D.
, 19 _____ (Address) Cassville, 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 Corinth Cemetery DATE OF BURIAL _____ 19 _____
20. UNDERTAKER W. A. Keon ADDRESS Cassville

This document is a project of the Missouri State Archives. It is classified as "Public Information" and is available for use by the public.

The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, on the
 subject of the above-captioned land. The land is situated in
 the County of [County Name], State of [State Name]. The land
 is described as follows: [Detailed description of the land, including
 acreage, location, and any other relevant details]. The land is
 owned by [Owner Name], who is the [Relationship] of [Relationship
 Name]. The land is being offered for sale to the public by the
 Department of the Interior, Bureau of Land Management. The land
 is being offered for sale at a public auction on [Date] at [Time]
 at the [Location]. The land is being offered for sale at a price
 of [Price]. The land is being offered for sale on a [Type of
 Sale] basis. The land is being offered for sale to the highest
 bidder. The land is being offered for sale to the public by the
 Department of the Interior, Bureau of Land Management. The land
 is being offered for sale at a public auction on [Date] at [Time]
 at the [Location]. The land is being offered for sale at a price
 of [Price]. The land is being offered for sale on a [Type of
 Sale] basis. The land is being offered for sale to the highest
 bidder.

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Larry Registration District No. 29 File No.
 Township Flat Creek Primary Registration District No. 5038 Registered No. 44
 City (No.) St. Ward)

2. FULL NAME William Alzo 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 M **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** M
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 1 - 1863

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

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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED Jan 1 1931 Mrs H.R. Williams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

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

THE CAUSE OF DEATH WAS AS FOLLOWS:
 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (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) , M. D.
 , 19 (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 Oct 17 1930

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

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. REGISTER ALL DEATHS. RE-REGISTER A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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