

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.

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

Do not use this space.

APR 20 1931

8693

1. PLACE OF DEATH  
 4 County Auburn Registration District No. 26 File No. 8693  
 1 Township Estancia Primary Registration District No. 3002 Registered No. 37  
 City Needles, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Georgia Reynolds  
 (a) Residence. No. Andalia 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 2, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
29 4 21

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

9. BIRTHPLACE (CITY OR TOWN) Monroe County, Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Ed. Mitchell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Auburn County, Mo.  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna Sue

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Auburn County, Mo.  
 (STATE OR COUNTRY)

14. INFORMANT Jessie Porter  
 (Address) Murder, Mo.

15. March 21, 1931 FILED Era S. Milligan  
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-23-1931

17. I HEREBY CERTIFY, That I attended deceased from 3-13-1931 to 3-23-1931, 1931, that I last saw her alive on 3-23-1931, 1931, and that death occurred, on the date stated above, at 4:05 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
meningitis Pneumococci type  
2 wk (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Otitis media  
2 wk (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH. DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Microscopic examination of fluid from 1st. 2nd. 3rd.  
 (Signed) \_\_\_\_\_, 19 \_\_\_\_\_ (Address) compared and

\*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 Swainville, Mo. DATE OF BURIAL 3-25-1931

20. UNDERTAKER H. U. Ricketts, Swainville, Mo. ADDRESS Murder, Mo.

