

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

Do not use this space.

24246

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. _____
 Township Washington Primary Registration District No. 1001 Registered No. 7 728
 City St. Joseph (No. 913) North 4th St. _____ Ward _____

2. FULL NAME

Amanda Reynolds
 (a) Residence, No. 715 No 4th St. _____ Ward _____
 (Usual place of abode)

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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr. 5, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>72</u>	<u>4</u>	<u>27</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
N. Y.

13. NAME Unknown Carr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Unknown

15. MAIDEN NAME Julia Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Unknown

17. INFORMANT (ADDRESS) John P. Pook
2126 So. 1st St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valley Falls DATE July 5, 1931

19. UNDERTAKER (ADDRESS) E. J. Bidderlyden
602 So. 10th St.

20. FILED 7-3-31 19 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

4
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1931 to July 2, 1931
 I last saw her alive on July 2, 1931. Death is said to have occurred on the date stated above, at 4:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Chronic Endocarditis
Cholecystitis Chronic
Rheumatism
 Date of onset unknown

Other contributory causes of importance:
Cholecystitis Chronic
Rheumatism

Name of operation None Date of _____
 What test confirmed diagnosis? Exam. Lab. Was there an autopsy? No.
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) E. M. Shores, M. D.
 (Address) 317 Kirkpatrick Bldg
St. Joseph 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.

AUG 24 1931

100