

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

Do not use this space.

27344

1. PLACE OF DEATH

County Person
Township Washington
City (No.)

Registration District No. 875
Primary Registration District No. 6/62

File No. _____
Registered No. 188
St. _____ Ward _____

2. FULL NAME

Chas Reynolds

(a) Residence No. State Hospital # 7 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. 0 mos. 28 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 29, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 3 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: com. lab.
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Christian Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Mr. Reynolds

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

12. MAIDEN NAME OF MOTHER Cath. Brown

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

14. INFORMANT C. Clerk - Greene Co. Mo.
(Address)

15. FILED 8-5-1931 E. P. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1931

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1931, to July 28, 1931 that I last saw him alive on July 11, 1931, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

936
1118
(duration) yrs. mos. ds.

CONTRIBUTORY Pulmonary hypertatic congestion
(SECONDARY)

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. J. O'Dell, M. D.

July 28, 1931 (Address) Nevada 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 DATE OF BURIAL

State Hospital Cemetery Nevada July 30 1931

20. UNDERTAKER ADDRESS

C. A. Neely Nevada 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 29 1931

2