

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

Do not use this space.

41272

1. PLACE OF DEATH

County Jasper Registration District No. 408
 Township Mason Primary Registration District No. 7020
 City McEwen Park Hospital, Carthage St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Samuel M. Reynolds
 (a) Residence, No. 631 S. M. Bryan St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Felen Marr M. Reynolds</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 11, 1849</u>		
7. AGE	YEARS	MONTHS
	<u>82</u>	<u>11</u>
		DAYS
		<u>8</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lawyer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	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)
Saline County Missouri

FATHER 13. NAME Allen M. Reynolds

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Wyersboro Virginia

MOTHER 15. MAIDEN NAME Amanda Cooper

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Wyersboro Virginia

17. INFORMANT (ADDRESS)
Allen M. Reynolds Carthage, Missouri

18. BURIAL, CREMATION OR REMOVAL
PLACE Oak Cemetery DATE Dec. 21, 1931

19. UNDERTAKER (ADDRESS)
Knell Mortuary Carthage, Missouri

20. FILED Dec 21, 1931 C. H. Fitcham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1931, to Dec. 19, 1931
 I last saw him alive on Dec. 19, 1931. Death is said to have occurred on the date stated above, at 1020 a.m.

The principal cause of death and related causes of importance were as follows:

General Arterial Sclerosis Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? none 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? _____

If so, specify _____

(Signed) Emmett A. Story D.O.
 (Address) Carthage, Mo.

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

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.

