

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

Do not use this space.

1. PLACE OF DEATH

County Vernon
Township
City Nevada (No. St. Ward)

Registration District No. 875
Primary Registration District No. 3039

File No. 43190
Registered No. 275

2. FULL NAME

(a) Residence. No. St. Ward. Eldorado sp. mo
(Usual place of abode)

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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27 - 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 | 11 | 07

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) Cedar 20
(STATE OR COUNTRY) mo

PARENTS

10. NAME OF FATHER Ralph F. Reynolds

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cedar 20
(STATE OR COUNTRY) mo

12. MAIDEN NAME OF MOTHER Lelia May Marquis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cedar 20
(STATE OR COUNTRY) mo

14. INFORMANT Ralph F. Marquis
(Address) Eldorado Springs mo

15. FILED 12-12-31 E. B. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4, 1931

17. I HEREBY CERTIFY That I attended deceased from Dec 3 to Dec 4 1931 that I last saw him alive on Dec 4 1931 and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fracture of base of skull
knocked by a rifle
while playing in
yard

CONTRIBUTORY (SECONDARY) 188108
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

18. DID AN OPERATION PRECEDE DEATH? No DATE OF

18. WAS THERE AN AUTOPSY? No

18. WHAT TEST CONFIRMED DIAGNOSIS? E. B. King M. D.

(Signed) E. B. King M. D.

(Address) Nevada, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Town Hill Cem. DATE OF BURIAL Dec 8 1931

20. UNDERTAKER J. B. Napier ADDRESS Eldorado Springs

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

