

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

Do not use this space.

2002

1. PLACE OF DEATH
 County Pitts Registration District No. 668
 Township _____ Primary Registration District No. 3032
 City Sedalia (No. Bothwell Hosp) St. _____ Ward _____
 2. FULL NAME William H. Reynolds
 (a) Residence, No. 820 W 7th St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 50 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Fannie Reynolds
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-22-1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 10 18
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance 140
 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) Jenn.
 13. NAME W. K. Reynold
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn.
 15. MAIDEN NAME Mary Moore
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn.
 17. INFORMANT D. E. Moore (ADDRESS) Sedalia
 18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 1-11-1932
 19. UNDERTAKER M^{rs} Laughlin Bros (ADDRESS) Sedalia Mo
 20. FILED 1-11-1932 J. L. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9th 1932
 22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1931 to Jan 9th 1932
 I last saw him alive on Jan 9th 1932 Death is said to have occurred on the date stated above, at 7th m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset _____
General Peritonitis Jan 7th 1932
Carcinoma of Colon with Perforation Jan 7th 1932
 Other contributory causes of importance: _____
 Name of operation None Date of _____
 What test confirmed diagnosis? Funding There an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 19____
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury None
 Nature of injury None
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify No
 (Signed) J. P. Carver M. D.
 (Address) Sedalia Mo

WRITE PLAINLY, WITH UNFAING 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.

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