

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

Do not use this space.

36363

1. PLACE OF DEATH

6/1 County Mason
6/6 Township
2 City Laplata (No. _____)

Registration District No. 532
Primary Registration District No. 4318

File No. _____
Registered No. 21
St. _____ Ward)

2. FULL NAME Sarah Reynolds

(a) Residence, No. _____ St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) England 8

13. NAME William Dreyf 9

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

15. MAIDEN NAME Edith of the Dept House 31

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England Franklin

17. INFORMANT Edith Williamson
(ADDRESS) Laplata, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Williamsville DATE Nov 26 1932

19. UNDERTAKER S. J. Christie
(ADDRESS) Laplata, Mo.

20. FILED 11-26 1932 C. H. Buckley
Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1932 to Nov. 23, 1932

I last saw her alive on Nov. 23, 1932. Death is said to have occurred on the date stated above, at 3:15 P. m.

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

Apoplexy
82A 82A
Other contributory causes of importance:
Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____ 1

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____, M. D.
(Signed) C. H. Buckley
(Address) Laplata 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.

1933
JAN

