

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

Do not use this space.

19190

1. PLACE OF DEATH

22 County Christian Registration District No. 171
Township Poer Primary Registration District No. 5251
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Nancy Emily 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 <u>Female</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>John Reynolds</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-3-1855</u>					
7. AGE YEARS <u>77</u>		MONTHS <u>5</u>		DAYS <u>19</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>none</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) <u>Indiana</u>					
FATHER	13. NAME <u>William Meese</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>				
MOTHER	15. MAIDEN NAME <u>unknown</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>				
17. INFORMANT (ADDRESS) <u>Mrs. S. O. Bynum</u> <u>Billings Mo.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smart Cemetery</u> DATE <u>June 13, 1935</u>					
19. UNDERTAKER (ADDRESS) <u>A. S. Wallace</u> <u>Billings Mo.</u>					
20. FILED <u>Aug-9, 1935</u> <u>F. H. Brown</u> Registrar					

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-11, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1935 to June 11, 1935
I last saw her alive on June 11, 1935. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
failing compensation of the heart
arteriosclerosis

Date of onset June 11, 1935

Other contributory causes of importance:
arteriosclerosis

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 _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) F. H. Brown, M. D.
(Address) Billings, 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 28 1935

