

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

Do not use this space.

**25265**

**1. PLACE OF DEATH**

97 County Saline Registration District No. 795  
Township Grand Pass Primary Registration District No. 6038  
City Grand Pass (No. ....) St. .... Ward) ....

**2. FULL NAME**

Alice C McReynolds  
(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 (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-10-1855

7. AGE YEARS 78 MONTHS 3 DAYS 29 If LESS than 1 day, .... hrs. .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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) Lafayette Mo

13. NAME Charles Bell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

15. MAIDEN NAME Callie Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett

17. INFORMANT (ADDRESS) Mrs Lewis Burns Grand Pass Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand Pass DATE 7/11/1933

19. UNDERTAKER (ADDRESS) Hollis Tuswell Home Carrollton Mo

20. FILED 7-12- 1933 Mrs Mary Blackburn Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9th 1933

22. I HEREBY CERTIFY That I attended deceased from 12-1-1932 to July 9th 1933  
I saw her alive on July 9th 1933 Death is said to have occurred on the date stated above, at 11:50 a. m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach  
fractured femur also  
inf. Maxillary bone due to  
accidental fall  
Other contributory causes of importance:  
fractured femur also  
inf. Maxillary bone due to  
accidental fall  
Name of operation none Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? accident Date of injury July 6, 1923  
Where did injury occur? Grand Pass Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. in home  
Manner of injury accidental fall  
Nature of injury fracture of femur & inf. Max

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify .....  
(Signed) Geo A. Telling M. D.  
(Address) Waverly 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 26 1933

