

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

Do not use this space.

25647

1. PLACE OF DEATH

County Buchanan Registration District No. 87 File No. _____
 Township Crawford Primary Registration District No. 5124 Registered No. _____
 City _____ (No. Saucett, Mo) _____ (SP. 3rd St) _____ (Ward)

2. FULL NAME

Sarah Lucinda Reynolds
 (a) Residence, No. 902 Saucett 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>Widow</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Reynolds</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 30 1853</u>					
7. AGE		YEARS <u>80</u>	MONTHS <u>6</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. <u>Housewife</u>				
	10. Date deceased last worked at this occupation (month and year) <u>Jan 1933</u>		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Buchanan County Missouri</u>					
FATHER	13. NAME <u>M. P. Kay</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Oregon</u>				
MOTHER	15. MAIDEN NAME <u>Matilda Lynch</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
17. INFORMANT <u>Mrs. Florence Means</u> (ADDRESS) <u>Valley Falls, Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Saucett Cem.</u> DATE <u>Aug 21, 1933</u>					
19. UNDERTAKER <u>E. P. Siden</u> (ADDRESS) <u>602 W. 10th St. No.</u>					
20. FILED <u>8/20, 1933</u> <u>M. S. Kibel</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 6, 1933, to August 19th, 1933
 last saw her alive on August 16, 1933 Death is said to have occurred on the date stated above, at 6 a.m.
 The principal cause of death and related causes of importance were as follows:
Dysentery Date of onset Aug 13
11:20
 Other contributory causes of importance: Old Age 120

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? _____ 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? No
 If so, specify _____
 (Signed) E. R. Peter, M. D.
 (Address) Nallae 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 26 1933

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