

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

Do not use this space.

60 PLACE OF DEATH *Merion*
 County *Ravena* Registration District No. *556*
 Township *Ravena* Primary Registration District No. *4379*
 City *Merion* St. _____ Ward _____
 2. FULL NAME *Harriet Elizabeth McReynolds*
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. *21185*
 Registered No. *24*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*
 4. COLOR OR RACE *White*
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF *Marion McReynolds*
 (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 6, 1859*
 7. AGE YEARS *75* MONTHS *1* DAYS *13*
 IF LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 19, 1934*
 22. I HEREBY CERTIFY, that I attended deceased from *June 15, 1934* to *June 19, 1934*
 I last saw her alive on *June 19, 1934* Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Chronic Bright Disease
 Date of onset *3/10/1887*
 Other contributory causes of importance _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill. Md.*
 13. NAME *John Robinson*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Md.*
 15. MAIDEN NAME *Elizabeth Bonard*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Md.*
 17. INFORMANT *H. E. Carter*
 (ADDRESS) *Merion*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Wilder Cemetery* DATE *6/20, 1934*
 19. UNDERTAKER *O. O. Granger*
 (ADDRESS) *Merion*
 20. FILED *7/20, 1934* *J. A. Perry* Registrar.

Name of operation *no op* Date of operation _____
 What test confirmed diagnosis? *Phys. Ex.* 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) *C. E. Lovell*, M. D.
 (Address) *Keokuk Iowa*

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 nature of OCCUPATION is very important.

JUL 3 1934

