

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. 215 E. Missouri)

File No. 23282

Registered No. 788

St. \_\_\_\_\_ Ward)

**2. FULL NAME** Lawrence Ray Reynolds

(a) Residence, No. 610 E. Kansas 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Divorced (write the word)  
Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1934

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

0

2

2

2

OCCUPATION

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

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) St. Joseph  
(STATE OR COUNTRY) Missouri

13. NAME James W. Reynolds

14. BIRTHPLACE (CITY OR TOWN) Osceola  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Ruth Nagle

16. BIRTHPLACE (CITY OR TOWN) St. Joseph  
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. George A. Nagle  
(ADDRESS) 215 E. Missouri Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Agency, Mo.

DATE July 11, 1934

19. UNDERTAKER Fred D. Clark Mortuary  
(ADDRESS) 3025 King Hill Av.

20. FILED JUL 11 1934

John A. Beards  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1934 .19

22. I HEREBY CERTIFY, That I attended deceased from

7-6-34 to 7-9-34

I last saw him alive on 7-9-34 19. Death is said

to have occurred on the date stated above, at 10<sup>00</sup> p. m.

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

Acute gastro-  
Enterocolitis  
1196 1196  
Other contributory causes of importance  
None other

Date of onset  
7-2-34

(Name of operation) \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? clinical 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? Yes

If so, specify \_\_\_\_\_

(Signed) John J. Tucker, M. D.

(Address) St. Joseph, 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

AUG 14 1934

