

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.

NOV 19 1934

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

Do not use this space.

1. PLACE OF DEATH
 35 County Franklin Registration District No. 288 File No. 35668
 Township Independence Primary Registration District No. 4172 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mary Marvii Stockton 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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-9-1874

| | | | | |
|--------|-----------|-----------|-----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | <u>59</u> | <u>11</u> | <u>16</u> | |

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) Wayne Co - Mo

MOTHER, FATHER

13. NAME Andrew Stockton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co - Mo

15. MAIDEN NAME Freda Moley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co - Mo

17. INFORMANT R.B. Reynolds (ADDRESS) Wayne Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Burnack DATE 10/24 1934

19. UNDERTAKER Baldwin Urd (ADDRESS) Wayne Mo

20. FILED Oct 29 1934 Thuler Davis Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934, to Oct 23, 1934.
 I last saw him alive on Oct 22, 1934. Death is said to have occurred on the date stated above, at 7:25 a.m.
 The principal cause of death and related causes of importance were as follows:
Arterio-chronic nephritis Date of onset 1/20/30
13/2/33
 Other contributory causes of importance: 13

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? no
 If so, specify _____
 (Signed) Race Baldwin, M. D.
 (Address) Wayne Mo

