

MAY 24 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County JacksonRegistration District No. 300Township WagonPrimary Registration District No. 1000City Kansas City Mo (No. St. Vincents Hosp)File No. 13028Registered No. 1000 St. 1000 Ward

## 2. FULL NAME

(a) Residence, No. 16711 E 17 St. 17 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 22 35</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, ... 10 hrs. ... 35 min.
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) (STATE OR COUNTRY) <u>Kansas City Missouri</u>		
MOTHER	13. NAME <u>Ernest M Reynolds</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prescott Kansas</u>	
	15. MAIDEN NAME <u>Mary Joe Courtney</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prescott Kansas</u>	
17. INFORMANT (ADDRESS) <u>Ernest M. Reynolds 6711 E 17</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>St. Marys</u>	DATE <u>4/23 35</u>	
19. UNDERTAKER (ADDRESS) <u>Wagner Funeral Home</u>		
20. FILED <u>4 23 35 M M Crowl asst Registrar</u>		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Apr. 22 1935</u>	Date of onset
22. I HEREBY CERTIFY, That I attended deceased from <u>April 27 1935</u> , to <u>April 23 1935</u> I last saw him... alive on <u>Apr 22 1935</u> 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: <u>Strangulation from Audie's fluid 158</u> Other contributory causes of importance: <u>fluid swallowed in both canals at birth</u>	
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? If so, specify <u>James J Ferguson</u> (Signed) (Address) <u>201 W Audie Bk Bldg</u>	M. D.

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

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.

