

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

Do not use this space. ✓

MAY 27 1935

13198

**1. PLACE OF DEATH**

County Jackson  
Township Washington  
City Keosauqua

Registration District No. 404  
Primary Registration District No. 5558  
(No. 8500 Wayne Ave)

File No. \_\_\_\_\_  
Registered No. 23  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 8500 Wayne Ave St. \_\_\_\_\_ Ward \_\_\_\_\_

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
70 9 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco Mfg  
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) Kansas

MOTHER / FATHER 13. NAME John Mac Reynolds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

15. MAIDEN NAME Dolly Bough

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs R. Bone Reynolds  
8500 Wayne

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Mouch DATE 4-25 35

19. UNDERTAKER (ADDRESS) He Bergman  
4306 Maple Street

20. FILED Apr 25 1935 Paul B. Lindley  
Pub Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935, to April 23, 1935

I last saw him alive on March 21, 1935. Death is said

to have occurred on the date stated above, at 7:30 p.m.

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

Chirrhosis of the Liver Date of onset 1.1.1935  
Arterio Sclerosis

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ 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) R. C. Ogan, M. D.

(Address) 404 1/2 S 75th St

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.

