AUG 16 1935

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

Do not use this space.

23585

File No.
Registered No. 76

1. PLACE OF DEATH
County Lawrence
Township N. Mt. Vernon
City (No. St. Ward)

Registration District No. 420
Primary Registration District No. 5633

2. FULL NAME Ethel 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: Female
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 J O Reynolds

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-20-93

7. AGE: Years 41 | Months 8 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bell City, Mo.

FATHER
13. NAME Thomas B. Strong
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Sarah Terry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT State Sanatorium Records
(ADDRESS) N. Vernon Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Advance Mo DATE Aug 1 1935

19. UNDERTAKER Phillips & Falsett
(ADDRESS) Mt. Vernon

20. FILED July 26 1935 P. A. Holmes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/31 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/31, 1934, to 7/31, 1935. I last saw her alive on 7/31, 1935. Death is said to have occurred on the date stated above, at 1:55 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb. 1934

Other contributory causes of importance:

Intestinal Tuberculosis	June 1934

Name of operation None Date of
What test confirmed diagnosis? Lab. 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) J. B. Sloka, M. D.
(Address) Mt. Vernon, 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.