

OCT 17 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County BuchananTownship St Joseph MoCity St Joseph Mo (No. 1001)

85

Registration District No. 85Primary Registration District No. 1001Ward Mercy Hosp

28730

File No. 28730Registered No. 225St. Kingston Mo R 1 Ward

## 2. FULL NAME

(a) Residence, No. Bobey Reynolds St. Kingston Mo R 1 Ward.

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 - 19357. AGE YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 1 hrs. or 1 min.

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) Kingston Mo13. NAME J A Reynolds14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kingston Mo15. MAIDEN NAME Culala, Ines16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kingston Mo17. INFORMANT (ADDRESS) J A Reynolds Kingston Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Kingston DATE Sept 3 193519. UNDERTAKER (ADDRESS) J A Reynolds (father) Kingston Mo20. FILED 9-3-35 1935 John R. Swind Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 - 193522. I HEREBY CERTIFY, That I attended deceased from 1935 to 1935I last saw her alive on Sept 3 1935 Death is said to have occurred on the date stated above, at 12:30 m.

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

Lack of vitality Date of onset15 M

Other contributory causes of importance:

Premature Birth

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) J O Pierce, M. D.(Address) 801 1/2 Francis

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.

