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.

MAY 18 1936

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

Do not use this space.

14187

1. PLACE OF DEATH
County Buchanan, Registration District No. 85
Township Primary Registration District No. 1001
City St. Joseph, (No. 5116 South 2nd. St. Ward)

File No.
Registered No. 587

2. FULL NAME Jefferson L. Reynolds,
(a) Residence, No. 5116 South 2nd. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 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 Ella Reynolds,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4th, 1872
7. AGE YEARS 63 MONTHS 6 DAYS 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Livery Stable,
10. Date deceased last worked at this occupation (month and year) April 1929
11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri,

FATHER
13. NAME John F. Reynolds,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

MOTHER
15. MAIDEN NAME Eliza Roberts,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri,

17. INFORMANT (ADDRESS) Mrs. J. L. Reynolds 5116 So. 2nd. St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sparta Cemetery DATE April 19th, 1936
19. UNDERTAKER (ADDRESS) Heaton, Bryant & Bowman 319 So. 10th. St. Funeral Home
20. FILED 4-18-1936 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17th, 1936
22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936, to April 17, 1936
I last saw him alive on April 16, 1936. Death is said to have occurred on the date stated above, at 1:00 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Inflammation
(Cerebral Hemorrhage)
Date of onset
Other contributory causes of importance
Name of operation Date of No
What test confirmed diagnosis? Clinical 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) J. W. Mays, M. D.
(Address) St Joseph Mo