

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

Do not use this space.

JUN 27 1936

19515

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. Menorah Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 2279

**2. FULL NAME**

Ida Reynolds  
 (a) Residence, No. 5816 Pershing Ave St. \_\_\_\_\_ Ward St Louis Missouri  
 (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 or (or) WIFE OF M. M. Reynolds  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs or min  
About 50

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Don't Know  
 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) Missouri

FATHER 13. NAME Don't Know  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER 15. MAIDEN NAME Don't Know  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Mrs Lucille Reynolds  
 (ADDRESS) St Louis Missouri

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St Louis Mo. DATE May 17, 1936

19. UNDERTAKER Freeman Mortuary & Chapel  
 (ADDRESS) Kansas City Missouri

20. FILED May 17, 1936 M. M. Groom  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/16/36, 19

22. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19

I last saw him alive on 1/30/39 Death is said to have occurred on the date stated above, at \_\_\_\_\_.

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

Myocardial infarction  
Secondary of Myocardial  
Infarction  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
no 2:30 M

Name of operation Autopsy Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy \_\_\_\_\_

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 5/16/36  
 Where did injury occur? Missouri Bay San  
 (Specify city, town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Accidental  
 Nature of injury \_\_\_\_\_

24. Was disease or injury related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) [Signature], M. D.  
 (Address) [Signature]

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.

