

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.

JUL 25 1936

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

Do not use this space.

23943 7

1. PLACE OF DEATH
 County Randolph Registration District No. 735
 Township _____ Primary Registration District No. 3034
 City Moberly (No. _____, _____ St. _____ Ward)

2. FULL NAME Josie A Reynolds
Cairo, Mo.
 (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. 1 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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Reynolds
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8 1859
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
76 11 21

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
 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) Randolph Co.
 (STATE OR COUNTRY) Mo.

FATHER
 13. NAME J. D. Dameron
 14. BIRTHPLACE (CITY OR TOWN) Dont Know.
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Sarah Jane Boucher
 16. BIRTHPLACE (CITY OR TOWN) Dont Know.
 (STATE OR COUNTRY)

17. INFORMANT Mrs Leroy Hook.
 (ADDRESS) Cairo, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand Prairie. DATE June 19 -36

19. UNDERTAKER Snow Funeral Home.
 (ADDRESS) Moberly, Mo.

20. FILED 6/19 1936 Virginia Walker Registrar.
 (Address) Moberly, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1936
 22. I HEREBY CERTIFY, That I attended deceased from May 14 1936, to June 17 1936
 I last saw h. a. a. alive on June 17 1936. Death is said to have occurred on the date stated above, at 1:30 P. m.
 The principal cause of death and related causes of importance were as follows:

Thrombus right iliac artery Date of onset 7/11-36
 Other contributory causes of importance: Endocarditis 7/27-36

Name of operation Amputation right leg Date of 7/17-36
 What test confirmed diagnosis? Physian 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) A. L. McCormick, M. D.
 (Address) Moberly, Mo.

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

Do not use this space.

1. PLACE OF DEATH

County Randolph

Registration District No. 735

File No. 23943

Township

Primary Registration District No. 3034

Registered No.

City Moberly (No. , St. , Ward)

2. FULL NAME

(a) Residence, No. Carroll 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1936

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

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1936, to June 17, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8 - 1859

I last saw him alive on June 17, 1936. Death is said to have occurred on the date stated above, at 1:30 P. m.

7. AGE YEARS 76 MONTHS 11 DAYS 27 If LESS than 1 day, hrs. or min.

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

Thrombosis right iliac artery Date of onset

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

Other contributory causes of importance:
Endocarditis (Chronic)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation Date of

13. NAME

What test confirmed diagnosis? Was there an autopsy?

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury

15. MAIDEN NAME

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury Nature of injury

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

(Signed) , M. D.

20. FILED 9/30 1936 Virginia Walker Registrar.

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.

S-23943