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.

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

AUG 20 1936

Do not use this space.

26173

1. PLACE OF DEATH
County: Franklin — Registration District No.: 297
Township: — Primary Registration District No.: 3016
City: Washington, Mo. (No. ..., ..., St. ..., Ward)

File No.:
Registered No.: 60

2. FULL NAME: William J. Reynolds
(a) Residence, No.: Washington, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: 4 yrs. 0 mos. 0 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): Widowed

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~: Lucy Jones Reynolds

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 27, 1865

7. AGE: Years 71 — Months 3 — Days 6 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mail carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mail carrier
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): Boles, Missouri

FATHER
13. NAME: John Reynolds
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known, Virginia

MOTHER
15. MAIDEN NAME: Amanda Barnes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known, Virginia

17. INFORMANT: Miss Mary Reynolds
(ADDRESS): Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Labadie, Mo. DATE: July 5, 1936

19. UNDERTAKER: Otto & Co.
(ADDRESS): Washington, Mo.

20. FILED: July 3 — 1936 N. A. May, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 3 — 1936

22. I HEREBY CERTIFY, That I attended deceased from March 29 — 1936, to July 3 — 1936
I last saw him alive on July 2 — 1936. Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| apoplexy | apr 1936 |
| Other contributory causes of importance: | |
| Arteriosclerosis - hypertension | unknown |
| Heat Exhaustion | June 29 1936 |

Name of operation: none — Date of: ✓
What test confirmed diagnosis? Clinical — 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) N. A. May, M. D.
(Address) Washington, Mo.