

DEC 4 1936

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

Do not use this space.

40045

1. PLACE OF DEATH

County Scotland
Township Thompson
City Near Arbela, Mo (No. _____, _____ St. _____ Ward _____)

Registration District No. 812
Primary Registration District No. 606B

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME William B. Reynolds

(a) Residence, No. Arbela, 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Viola Reynolds</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 23, 1866</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>4</u>	DAYS <u>17</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) Knox Co. Missouri13. NAME W. W. Reynolds14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Isabelle Cummins16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT Mrs Viola Reynolds
(ADDRESS) Arbela, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Hickory Grove DATE Oct 12, 3619. UNDERTAKER Gerth + Bookert
(ADDRESS) Arbela, Mo.20. FILED 11/3 1936 W. B. Baker MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

He was killed by automobile and was dead when I saw the body.

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 10, 1936Where did injury occur? Arbela, Scotland Co

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public placeManner of injury Struck over by automobile

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) James A. Mitchell M. D.(Address) Thompson Mo

