

FEB 16 1937

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

Do not use this space.

44112

1. PLACE OF DEATH

22 County Christian
Township S. Talloway
City (No)

Registration District No. 184
Primary Registration District No. 6270

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

Lern M. Reynolds

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 wife of) L. H. Reynolds

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 2 20

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 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) Alabama
(STATE OR COUNTRY)

FATHER
13. NAME Henry Gibbs

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

MOTHER
15. MAIDEN NAME Sallie Mitchell

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

17. INFORMANT (ADDRESS) Chas. M. Reynolds
Spokane, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Spokane DATE Dec 16 1936

19. UNDERTAKER (ADDRESS) J. B. Chaffin
Ozark, Mo.

20. FILED Feb. 8 1937 Louella Leonard
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1936

22. I HEREBY CERTIFY, That I attended deceased from June 29 1935, to Dec 15 1936.
I last saw him alive on Dec 15 1936. Death is said

to have occurred on the date stated above, at 6.75 pm S. M. I.
The principal cause of death and related causes of importance were as follows:

myelogenous Leukemia (Date of onset)

Other contributory causes of importance:
NO

Name of operation _____ Date of _____
What test confirmed diagnosis? Blood 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) R. R. Farthing, M. D.
(Address) Ozark, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

