

FEB 17 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1145

**1. PLACE OF DEATH**

County **Howell**  
Township **Howell**  
City **Willow Springs, Mo.**

Registration District No. **385**  
Primary Registration District No. **4228**

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME** Mrs Mae McReynolds.

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

Length of residence in city or town where death occurred yrs. **26** 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 **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 15th, 1891**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>45</b>	<b>7</b>	<b>24</b>	

OCCUPATION

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 ....

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

FATHER 13. NAME **Jessie Lee Curtis**

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

MOTHER 15. MAIDEN NAME **Gordelia Bachlor**

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

17. INFORMANT (ADDRESS) **Lewis McReynolds, Willow Springs, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **City Cemetary** DATE **1/10/1937**

19. UNDERTAKER (ADDRESS) **Burns & Son, Willow Springs, Mo.**

20. FILED **Feb. 10 1937** **Honey V. Ferguson** Dpty Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 8, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 3, 1937**, to **Jan 8, 1937**.

I last saw her alive on **Jan. 8, 1937**. Death is said to have occurred on the date stated above, at **10 a.m.**

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

**Cancer Breast**  
**Cancer Lung**

Date of onset

Other contributory causes of importance:

**Cancer Lung**

Name of operation **None** Date of ...  
What test confirmed diagnosis? **Physical findings** 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 **By: Kullin's removal**

(Signed) **J. C. B. Davis** M. D.  
(Address) **Willow Springs, Mo.**

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

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**1. PLACE OF DEATH**

County Howell Registration District No. 385-  
 Township \_\_\_\_\_ Primary Registration District No. 4228  
 City Willow Springs (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

**2. FULL NAME**

Mrs Mae Mc Reynolds  
 (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. 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 (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1937

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

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

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

I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45 7 24

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Cancer of breast  
 Date of onset \_\_\_\_\_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Attending phy deceased  
No further information

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:  
Cancer of lung

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 \_\_\_\_\_, 19\_\_\_\_

15. MAIDEN NAME

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

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

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

17. INFORMANT (ADDRESS)

Manner of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury \_\_\_\_\_

PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

19. UNDERTAKER (ADDRESS)

If so, specify \_\_\_\_\_

20. FILED Feb. 10 1937 Home Ferguson Registrar.

(Signed) J. E. B. Waip, M. D.  
 (Address) Willow Springs Mo

deputy

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