

MAR 13 1937

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

Do not use this space.

6622

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1802
(No. Hotel Bellerive)

File No. 1011
Registered No. _____
St. _____ Ward _____

2. FULL NAME Joseph B. Reynolds

(a) Residence, No. Hotel Bellerive 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 23, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Pearl Gibbons Reynolds

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1937, to Feb 23, 1937
I last saw him alive on Feb 23, 1937 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1871

to have occurred on the date stated above, at 2 A.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 11 1

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

Pneumonia bronchial Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President of Kansas
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Life Insurance
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:

Cerebral edema, etc.

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

Name of operation _____ Date of _____

13. NAME Joseph Reynolds

What test confirmed diagnosis? _____ Was there an autopsy? No

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

15. MAIDEN NAME Rosa Lawrence

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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

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

17. INFORMANT D. R. Alderman (ADDRESS) K. C. Life Ins. Co. Kansas City, Mo.

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE Feb. 26, 1937

Nature of injury _____

19. UNDERTAKER Stine & McClure (ADDRESS) 3235 Gillham Plaza

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

20. FILED 1/25 37 M. M. Brown Registrar.

If so, specify _____ (Signed) Charles G. Dornier, M. D. (Address) 15240 W. 30th St. K.C.

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

12 20 2

