

AUG 24 1937

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

Do not use this space.

27478

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
Township _____ Primary Registration District No. 2002 Registered No. _____
City Joplin (No. 574 N. Western) St. _____ Ward _____

2. FULL NAME

Margaret Leana Reynolds
(a) Residence, No. 574 N. Western
(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11 - 1866
7. AGE YEARS 71 MONTHS 0 DAYS 26 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Blue Earth Minn
13. NAME _____
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
15. MAIDEN NAME _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
17. INFORMANT Chas A Reynolds
(ADDRESS) Joplin Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 7/9/37
19. UNDERTAKER Heurholdt
(ADDRESS) Joplin Mo
20. FILED 7-9-37 1937 Ed Janner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 37
22. I HEREBY CERTIFY That I attended deceased from 6-10 37 to 7-7 37
I last saw h. alive on 7-7 37 1937 Death is said to have occurred on the date stated above, at 6:30 PM
The principal cause of death and related causes of importance were as follows:
Cobal Pneumonia
Date of onset _____
Other contributory causes of importance: 108
Name of operation _____ Date of _____
What test confirmed diagnosis? W Was there an autopsy? W
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? _____
If so, specify _____
(Signed) W H Brewster, M. D.
(Address) Joplin Mo

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

V. S. No. 2
FORM 10-22-36
M. I. X 9314

Margaret Leana Reynolds

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