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.

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

Do not use this space.

AUG 31 1937

2
1

1. PLACE OF DEATH
County Shelby — Registration District No. 827 — File No. 28513
Township Clay — Primary Registration District No. 6089 — Registered No. 14
City ..... (No. ....., ..... St. ..... Ward)

2. FULL NAME Effie May McReynolds
(a) Residence, No. R#4 Clarence 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF: Arthur H.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 27, 1875

7. AGE: YEARS 62 — MONTHS 6 — DAYS 4 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
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): Marion County Missouri

FATHER
13. NAME: William Forsythe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): - - - - -

17. INFORMANT (ADDRESS): Mr. Arthur McReynolds R#4 Clarence Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Riverside, Hannibal DATE Aug. 3rd, 1937

19. UNDERTAKER (ADDRESS): James O'Donnell Hannibal Mo

20. FILED Aug 2 1937 Roy Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 31st, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw her alive on July 16 1937 Death is said to have occurred on the date stated above, at 4:50 a.m. July 31st
The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of the Stomach

Other contributory causes of importance:

Diabetes Melitus 46

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? ..... 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) Frank K Roy, M. D.
(Address) Clarence, Mo.