

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 as very important.

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

Do not use this space.

JAN 15 1938

1. PLACE OF DEATH

County Barton Registration District No. 40
Township River Primary Registration District No. 4024
City Lamar (No. Hospital) St. _____ Ward _____

File No. 44613
Registered No. 60

2. FULL NAME Alta Jean 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22nd 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>0</u>	<u>0</u>	<u>0</u>	

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) River Hospital (STATE OR COUNTRY) Lamar Mo

FATHER
13. NAME Wilson Reynolds
14. BIRTHPLACE (CITY OR TOWN) Lamar Mo (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Alta Anderson
16. BIRTHPLACE (CITY OR TOWN) Lamar Mo (STATE OR COUNTRY)

17. INFORMANT Wilson Reynolds (ADDRESS) Lamar Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Providence DATE 12-23-37

19. UNDERTAKER River Husband Home (ADDRESS) Lamar Mo

20. FILED Dec 22 1937 Dr. Josephine Myrtle (Address) Lamar, Mo
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1937, to Dec 22, 1937

I last saw her alive on Dec 22, 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Stillborn

Date of onset Dec 22

Other contributory causes of importance:

Condylytized around neck

Name of operation _____ Date of _____

What test confirmed diagnosis clinical 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) Wm T. Bichel, M.D.

(Address) Lamar, Mo

