

REC'D APR 23 1938

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

Do not use this space.

12263

1. PLACE OF DEATH

County

Township

City

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

Registration District No.

Primary Registration District No.

(No.

St.

Ward.

(If nonresident, give city or town and State)

How long in U. S., if of foreign birth?

yrs. mos. ds.

File No.

Registered No.

St.

Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

Single

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

at Home Single

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

Feb. 12th 1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

0

1

6

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

at Home

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

Shelby Co Missouri

13. NAME

Paul Reynolds

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

Shelby Co Missouri

15. MAIDEN NAME

Maxine Smith

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

Shelby Co Missouri

17. INFORMANT

(ADDRESS)

Mrs Maxine Reynolds

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Headfall Cem

DATE

3/19

1938

19. UNDERTAKER

(ADDRESS)

Grove & Bliven

20. FILED

3/24

1938

Mrs Lyell Landrum

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

3-18 1938

22. I HEREBY CERTIFY, That I attended deceased from

Mar. 17 1938, to Mar. 18 1938

I last saw h. i. m. alive on Mar. 18 1938. Death is said

to have occurred on the date stated above, at 8:45 a. m.

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

Date of onset

Bacterial Pneumonia Mar 17

Other contributory causes of importance:

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)

R. L. Caldwell M. D.

(Address)

Shelby, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

I X7284

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.

1074-

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

12263
Do not use this space.

1. PLACE OF DEATH

(a) County Shelby Registration District No. 528
 (b) Township Jackson Primary Registration District No. 6040 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Harvey Murrell Reynolds
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 1 6
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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)

13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19____ to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Bacterial Pneumonia
 Date of onset Mar. 15
 Other contributory causes of importance: no complications from any other disease

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) P. L. Caldwell, M. D.
 (Address) Shelby, Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 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.

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