REC'D JUL 15 1938

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

Do not use this space.

File No. 21574

Registered No. 5

1. PLACE OF DEATH

County: Cass.

Township: Coldwater

City: (No. ..., ... St. ..... Ward)

Registration District No. 151

Primary Registration District No. 5215

2. FULL NAME: ~~XXXXXXXX~~ MARGARET ADELINE REYNOLDS 543

(a) Residence, No. ..... 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: None.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 3. 1923.

7. AGE: Years 14 | Months 6 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home & School.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None.

10. Date deceased last worked at this occupation (month and year): 0

11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cass County, Missouri.

FATHER

13. NAME: Roy G. Reynolds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Liberty, Missouri.

MOTHER

15. MAIDEN NAME: Adeline Duvall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Herrisonville, Mo.

17. INFORMANT (ADDRESS): Roy G. Reynolds, Drexel, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Freeman, Mo. DATE: June, 19, 1938

19. UNDERTAKER (ADDRESS): J. B. HAYS, Drexel, Mo.

20. FILED: 6/18, 1938. John A. Bundy, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 17, 1938

22. I HEREBY CERTIFY, that I attended deceased from July 1, 1937 to June 17, 1938, I last saw h. ev. alive on June 17, 1938. Death is said to have occurred on the date stated above, at 11 a.m.

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

	Date of onset
Cystitis	7/1-'37
Multiple Arthritis	9/1-'37
Tuberculosis disseminated	
bilateral septic	6/6-'38
Pneumonia	

Other contributory causes of importance:

Name of operation: none Date of:

What test confirmed diagnosis? Was there an autopsy? yes.

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) Benj. Stanley, M. D.

(Address) Drexel, Mo.

N.B.—Every item ... should be carefully supplied. "AGE" ... statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. ... PHYSICIANS should state

133a

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

215-74
Do not use this space.

1. PLACE OF DEATH
(a) County: Cass — Registration District No.: 15-1
(b) Township: Creuzatier — Primary Registration District No.: 5215 — Registered No.:
(c) City: (d) Street No.: St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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: Margaret Adeline Reynolds
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): 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.
14	6	14	

OCCUPATION
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)

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

MOTHER
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) June 17 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:

	Date of onset
Multiple arthritis	1/37
Generalized disseminated	
Bilateral septic Pneumonia	

Other contributory causes of importance:
Chronic multiple bedsore abscesses by Reports
N.M.D.

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) B. O. Hartwell, M. D.
(Address) Drexel Mo

SUPPLEMENTARY

CAUSE OF DEATH ... information ... RECEIVE A ... FOR CERTIFICATE UNDER ... AS PRESCRIBED BY LAW.
REGISTRAR

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

1. PLACE OF DEATH

(a) County..... Registration District No.....

(b) Township..... Primary Registration District No.....

(c) City..... (d) Street No..... .....

(If death occurred in Hospital or I...

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) H...

2. PRINT FULL NAME.....

(a) Residence, No.....

(Usual place of abode, if no street address, write count...

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (...

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

6. DATE OF BIRTH (MONTH, DAY ...

7. AGE YEARS

NOITA 8. Tra...

Exact statement of OCCUPATION is very important.

properly classified.