

REG. DEC 14 1938

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

Do not use this space.

38336

1. PLACE OF DEATH

County Jackson
Township Kaw
City W. E. Mo

Registration District No. 399
Primary Registration District No. 1002
St. Luke's Hospital

File No. 4570
Registered No. 4570
St. _____ Ward _____

2. FULL NAME

Emma Nancy Reynolds

(a) Residence, No. _____ St., _____ Ward. Bellevue Mo.
(Unusual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. da.

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 James Reynolds

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov - 27 - 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 11 27

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) Sept. 1, 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Near Mayview, Mo
(STATE OR COUNTRY) Lafayette Co.

13. NAME Samuel Smith

14. BIRTHPLACE (CITY OR TOWN) Near Mayview, Mo
(STATE OR COUNTRY) Lafayette Co.

15. MAIDEN NAME Lillian Francis Morrison

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

17. INFORMANT Samuel Smith
(ADDRESS) Leighton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue, Mo. DATE 11/27 1938

19. UNDERTAKER Blivick & Sons
(ADDRESS) Bellevue, Mo

20. FILED Nov 25, 1938 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1938, to Nov. 24, 1938

I last saw her alive on Nov. 24, 1938. Death is said to have occurred on the date stated above, at 6:35 P.M.

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

Primary Toxic Center Aug 1938
Nephrosclerosis
668

Other contributory causes of importance:

Acute Cardiac Dilatation

Name of operation Ligandectomy Date of Nov 22, 1938
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?
If so, specify _____

(Signed) Lawrence P. Engel, M. D.
(Address) Kansas City, Mo

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.

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