

DEC'D MAR 15 1939

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

6110
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
(b) Township " Primary Registration District No. 3009 Registered No. 63
(c) City Cape Girardeau (d) Street No. Smelterville District 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 James R. Reynolds

(a) Residence, No. Smelterville District 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19 19 39

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1881

19....., to....., 19....., 19.....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 0 14

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 2:00 A.M.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. General
9. Industry or business in which work was done, as saw mill, bank, etc. Labor
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

D. E. P. Orskey, Curator of Cape Girardeau
After having the body examined
at the Cape Girardeau Hospital
he has found that the deceased
James R. Reynolds died of this
death of Apoplexy Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin County, Ill.

Other contributory causes of importance: 82 W

FATHER 13. NAME William Reynolds

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harden County, Ill.

What test confirmed diagnosis?..... Was there an autopsy? no

MOTHER 15. MAIDEN NAME Don't Know

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury Feb. 19, 1939

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin County, Ill.

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Mrs. Dora Reynolds
Cape Girardeau, Mo.

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns Cemt. DATE Feb. 21 19 39

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. L. Haman
Cape Girardeau, Mo.

(Signed) D. E. P. Orskey, Curator M.D.
(Address) Hardin Parish Cape Gir. Mo.

20. FILED 2-19-39 J. M. Long Local Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. 2863

P. O. Address. Cape Guardian

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.