

REC'D MAR 20 1939

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

7509  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Pike Registration District No. 689  
 (b) Township Buffalo Primary Registration District No. 2023 Registered No. \_\_\_\_\_  
 (c) City Louisiana (d) Street No. 907 Ohio 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Eugene Reynolds  
 (a) Residence, No. 907 Ohio St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/26-93

7. AGE YEARS 45 MONTHS 3 DAYS 28 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

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) Clarksdale Mo

13. NAME Henry Reynolds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

15. MAIDEN NAME Polly Smalley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

17. INFORMANT (ADDRESS) Mrs Margaret Reynolds Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Buckskin Lake Mo DATE 2/26 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. H. H. Louisiana Mo

20. FILED 2/21 39 J. H. H. H. Legal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24-39

22. I HEREBY CERTIFY, That I attended deceased from 1/22 1939 to 2/24 1939.  
 I last saw him alive on 2/24/39, 1939. Death is said to have occurred on the date stated above, at 1:55 p.m.  
 The principal cause of death and related causes of importance were as follows:  
108  
 Date of onset

Other contributory causes of importance:

Name of operation none Date of 0  
 What test confirmed diagnosis? Clin Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? NO 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) J. H. H. H. M. D.  
 (Address) Louisiana 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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-374

Date Filed MAR 3 1939

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, ~~\_\_\_\_\_~~.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana Mo.

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

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