

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

Do not use this space.

REC'D AUG 7 1939

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Trass Primary Registration District No. 1002  
 City Kansas City, Mo. (No. 1170) William H. Harph St. 1170 Ward 80

File No. 24857  
 Registered EL 80

**2. FULL NAME**

543 St. Willborn Reynolds  
 (a) Residence, No. 2929 Main 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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1939

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

22. I HEREBY CERTIFY, that I attended deceased from         , 19        , to         , 19        

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 1939

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:

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

Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
 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         

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Missouri

Name of operation          Date of         

FATHER 13. NAME Willborn Reynolds

What test confirmed diagnosis?          Was there an autopsy?         

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

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

MOTHER 15. MAIDEN NAME Reinah Reynolds

Where did injury occur?          (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT William H. Harph (ADDRESS) 2929 Main

Manner of injury         

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Hill DATE July 6 1939

Nature of injury         

19. UNDERTAKER Edward Fisher (ADDRESS) 726 E. Main

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

20. FILED July 6 1939 M. M. Cronin Registrar

(Signed) D. T. Vandell, M. D.

(Address) 2929 Main

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.

