

JUN 13 1940

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

17997  
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89  
(b) Township 0 Primary Registration District No. 3007  
(c) City Poplar Bluff (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 543 Deamos Reynolds Jr.

(a) Residence, No. South 11th 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

3. SEX Male 4. COLOR OR RACE Cherokee Indian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14-1940  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 9  
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) Poplar Bluff Mo

FATHER 13. NAME Deamos Reynolds Sr  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tulsa Oklahoma

MOTHER 15. MAIDEN NAME Peck Bryer  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TEOPIA Texas

17. INFORMANT Deamos Reynolds Sr  
(ADDRESS) Poplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic DATE May 23 1940

19. FUNERAL DIRECTOR (NAME) Frank Montuery  
(ADDRESS) Poplar Bluff Mo

20. FILED 5-23-40 19. 40 Obstetrical  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1940 to May 14, 1940  
I last saw h. im. alive on May 16, 1940 Death is said to have occurred on the date stated above, at 330 a. m.  
The principal cause of death and related causes of importance were as follows:

Pneumonia Primary Date of onset May 20 1940  
Primary  
107W  
Other contributory causes of importance:

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) Alfred P. Gray, M. D.  
(Address) Poplar Bluff Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE MUST 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.

50M-1-12-38 I X14028

---

---

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, .....

*James W. Rice* or by *not embalmed*

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

Signed *James W. Rice*

Licensed Embalmer No. *2964*

P. O. Address *Rayla bluff 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.**