

W 11 JUL 3 0 1937

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

Do not use this space.

24360

1. PLACE OF DEATH

County Moniteau
Township Harrison
City High Point (No. St. Ward)

Registration District No. 574
Primary Registration District No. 5773A

File No.
Registered No. 26

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 8 10

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) Missouri

13. NAME John Reynolds

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

15. MAIDEN NAME Mary Wilhelm

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

17. INFORMANT Sarah Reynolds (ADDRESS) High Point

18. BURIAL, CREMATION, OR REMOVAL PLACE High Point DATE June 30 1937

19. UNDERTAKER Phillips Funeral Home (ADDRESS) Redan, Mo.

20. FILED 7/8 1937 Jewell W. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28-1937

22. I HEREBY CERTIFY That I attended deceased from never treated him 1937, 1937

I last saw him he died suddenly alive on 6-28-1937, 1937. Death is said to have occurred on the date stated above, at 5:10 P.M.

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

Apoplexy
cause unknown
82A

Other contributory causes of importance:
High blood pressure

Name of operation None Date of
What test confirmed diagnosis? History 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 1937
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 sp
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) H.R. Papeyog (Coroner) D.
(Address) Carroll Mo

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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