

MAR 24 1934

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

Do not use this space.

9789

1. PLACE OF DEATH

County MorganRegistration District No. 5-97Township MorganPrimary Registration District No. 5-792-7City Barnett (No. 1351)File No. 5-97Registered No. 5-97

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Barnett, Mo. St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred life mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Wm. Edward Reynolds

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

Oct. 7, 1910

7. AGE

23

YEARS

MONTHS 4DAYS 17

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Housewife

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

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

Purvis Missouri

13. NAME

J. H. Lowe

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

Cedar City Calaway Co., Mo.

15. MAIDEN NAME

Nellie Jeffries

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

Gentry Co., Mo.

17. INFORMANT

(ADDRESS)

Wm. Edward Reynolds Barnett, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

High Point Cemetery Mar. 9, 1934

19. UNDERTAKER

(ADDRESS)

W. E. Howe Barnett, Mo.

20. FILED

3/819. 24W. E. Howe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 193422. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1934 to 3-8, 1934I last saw her alive on 3-7, 1934 Death is saidto have occurred on the date stated above, at 22 m.

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

Tuberculosis of spine

Date of onset

1920

Other contributory causes of importance

Name of operation None Date of _____What test confirmed diagnosis? Skull Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Product Date of injury 1914Where did injury occur? Home (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. HomeManner of injury Fell on feetNature of injury Two feet lacerated24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) E. G. Shelton, M. D.(Address) Edson 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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