

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

PLACE OF DEATH

County _____

Township _____

or _____

Village _____

or _____

City St. Louis

Registration District No. 7911

File No. 31091

Primary Registration District No. 1003

Registered No. 7935

(No. 1728 Morgan St. 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME (Infant) Reynolds.

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE Ethiopian SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF BIRTH September 4, 1912
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) St. Louis

NAME OF FATHER Garley Reynolds

BIRTHPLACE OF FATHER (City or town, State or foreign country) Cole County Missouri

MAIDEN NAME OF MOTHER Beatrice Harper

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Springfield Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. H. Mays, M.D.
(ADDRESS) 3449 Pine St.

Filed 13 1912 Max C. Schawacker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 4, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 4 (3:30), 1912, to Sept 4 (11:30) 1912, that I last saw him AM alive on Sept 4 at 5 AM, 1912, and that death occurred, on the date stated above, at 11:30 AM.

The CAUSE OF DEATH* was as follows:

Debility
157
158 151
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory Premature Birth
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) A. H. Mays M. D.
Sept 4, 1912 (Address) 3449 Pine St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL POTTERS FIELD DATE OF BURIAL 10, 1912

UNDERTAKER Richard Habs ADDRESS 1426 Parrall

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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*

Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

PLACE OF DEATH

County _____

Township _____

or _____

Village _____

or _____

City St. Louis (No. 1728 Morgan)REGISTRARS SHALL NOT RE-
CEIVE A FEE FOR CERTIFICATES
UNTIL THEY ARE COMPLETED AS
PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 791File No. 31095Primary Registration District No. 1003Registered No. 7935St. _____ Ward _____
[If death occurred in a
hospital or institution,
give its NAME instead
of street and number]

FULL NAME

Infant Reynolds

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)singlemale Ethiopian

DATE OF DEATH

Sept. 4
(Month) (Day) (Year)1912

DATE OF BIRTH

Sept. 4, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

Sept. 4, 1912, to Sept. 4, 1912that I last saw him alive on Sept. 4, 1912and that death occurred, on the date stated above, at 11:30 a. m.

AGE

IF LESS than
1 day, 8 hrs.
or 2 min.

_____ yrs. _____ mos. _____ ds.

The CAUSE OF DEATH* was as follows:

debility

OCCUPATION

(a) Trade, profession, or
particular kind of work _____(b) General nature of industry,
business, or establishment in
which employed (or employer) _____

BIRTHPLACE

(City or town,
State or foreign country)St. Louis

(Duration) _____ yrs. _____ mos. _____ ds.

NAME OF
FATHERGarley ReynoldsContributory Premature birth
(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

BIRTHPLACE
OF FATHERSt. Louis Co. Mo.(Signed) A. H. Maup M. D.Sept. 4, 1912 (Address) 3449 Pine St.MAIDEN NAME
OF MOTHERBeatrice Harper*State the Disease Causing Death, or, in deaths from Violent Causes, state
(1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.BIRTHPLACE
OF MOTHERSpringfield Mo.LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. H. Maup M.D.Where was disease contracted
if not at place of death? _____

Former or usual residence _____

(ADDRESS) 3449 Pine St.

PLACE OF BURIAL OR REMOVAL

Potter's Field

DATE OF BURIAL

Sept. 13, 1912

Filed

A. Maup Starkloff

UNDERTAKER

Richards Hobs

ADDRESS

1476 Carroll

REGISTRAR

Original file, date SEP _____, 1912

All information called for must be written on this Supplementary Certificate.

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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[Approved by U. S. Census and American Public Health Association]

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Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)