APR 22 1927

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

Do not use this space.

7365

File No.

Registered No. 338

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Cynthia Pearl Reynolds

(a) Residence. No. St., Ward. Savannah, MO.
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 26, 1882.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	3	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Andrew County.
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER William Huffman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Susan Glispe

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Andrew County
(STATE OR COUNTRY) Missouri.

14. INFORMANT Edward Reynolds
(Address) Savannah, MO.

15. FILED MAR 30 1927 John G. Fitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 29. 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar. 26, 1927, to Mar. 29, 1927 that I last saw h. er alive on Mar. 29, 1927, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Lobar Pneumonia
Lower Rt. Lobe
108/010 (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Savannah MO

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Findings & Lab.

(Signed) E. M. Shores, M. D.

Mar. 31, 1927 (Address) 317 Kirkpatrick Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Savannah, Missouri.	March. 31 1927.
20. UNDERTAKER	ADDRESS
H. O. Siderfaden	1802 Union Str

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.

WRITING INK—THIS IS A PERMANENT RECORD