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

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.

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

Do not use this space.

31549

1. PLACE OF DEATH
County St. Louis
Township Central
City Wellston (No. 6322 Wells Ave. St. Ward)
Registration District No. 189
Primary Registration District No. 60133 B
File No.
Registered No. 268

2. FULL NAME Margaret Reynolds
(a) Residence. No. 6322 Wells Ave. Ward.
(Usual place of abode)
(If nonresident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James F. Reynolds
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 3 1880
7. AGE: Years 47 | Months 10 | Days 11 | If LESS than 1 day, ___ hrs. or ___ min.
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) (STATE OR COUNTRY): Kentucky

PARENTS
10. NAME OF FATHER: John Lohorn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT (Address): James F. Reynolds, Owensboro, Ky.
15. FILED 9/14, 1928 Della Bray, W.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 14, 1928.
17. I HEREBY CERTIFY, That I attended deceased from 9-9, 1928, to 9-14, 1928, that I last saw her alive on 9-13, 1928, and that death occurred, on the date stated above, at 2:00 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
23A
Pulmonary Tuberculosis (duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Don't Know the [illegible] (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. D. Pass, M.D.
9-14, 1928 (Address) 6118 Easton

*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: Owensboro, Ky.
DATE OF BURIAL: Sept 14 1928.
20. UNDERTAKER: Jos. W. Clark
ADDRESS: 1125 Hodiamont Ave.