4 1929

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

Do not use this space.

10005

1. PLACE OF DEATH
County Cole — Registration District No. 211 — File No.
Township Marion — Primary Registration District No. 5291 — Registered No.
City (No. , St. 4 Ward)

2. FULL NAME Louis Reynolds
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: Color
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18 62
7. AGE: YEARS 67 — MONTHS — DAYS — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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) Mo
PARENTS
10. NAME OF FATHER Ronald
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ant Knox
12. MAIDEN NAME OF MOTHER Cathe Ronald
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
14. INFORMANT Isa Pose (Address) Centre Town
15. FILED 3-23-29 19 Frederick Aufderheide REGISTRAR

## (2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-23 1929
17. I HEREBY CERTIFY, That I attended deceased from 3-1-29, 19, to 3-23, 1929 that I last saw him alive on never, 19, and that death occurred, on the date stated above, at 3 4 m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Dysentery Chronic
13C
57F
(duration) yrs. 2 mos. ds.
CONTRIBUTORY (SECONDARY) Rheumatism
(duration) 1 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No place of death
DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
Dr Frederick Aufderheide M.D.
(Signed) , 19 (Address) Centertown

*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: Mussy Cutting — DATE OF BURIAL: May 26 19
20. UNDERTAKER: J W Wilms & Son — ADDRESS: Cole Town

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.