

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

Do not use this space.

4 1930

20252

1. PLACE OF DEATH

County Pettis
Township Blackburn
City (No. _____) _____

Registration Districg No. 112
Primary Registration District No. 5-886

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Leonard Joseph Reynolds

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Ma 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 9 6

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Reasford Del.
(STATE OR COUNTRY)

10. NAME OF FATHER James Reynolds

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

12. MAIDEN NAME OF MOTHER Leak

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Del.

14. INFORMANT Glenn Reynolds
(Address) La Monte Mo

15. FILE NO. July 23, 30 REGISTRAR B. F. Paen

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1930

17. I HEREBY CERTIFY, That I attended deceased from June 9, 1930, to June 19, 1930, that I last saw him alive on June 19, 1930, and that death occurred, on the date stated above, at 7:20 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy, 82H
(duration) instant ds.

CONTRIBUTORY (SECONDARY) 1400
(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? no

WHAT TEST CONFIRMED DIAGNOSIS Histology
(Signed) E. Malice, Dep. Coroner, M. D.
. 19 (Address) La Monte Mo

*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 La Monte Mo DATE OF BURIAL June 21 1930

20. UNDERTAKER B. F. Paen ADDRESS La Monte 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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pettis Registration District No. 112 File No. _____
 Township Blackwater Primary Registration District No. 5886 Registered No. 4
 City _____ (No. _____ St. _____ Ward)

2. FULL NAME Lenaud Joseph Reynolds

(a) Residence. No. _____ St. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

6A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary F. Reynolds

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 13 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 | 9 | 6

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Packford
 (STATE OR COUNTRY) _____

10. NAME OF FATHER James Reynolds

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill.
 (STATE OR COUNTRY) _____

14. INFORMANT Glenn Reynolds
 (Address) La Monte Mo.

15. FILED July 31 1930 Therese S. Taylor REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1930

17. I HEREBY CERTIFY That I attended deceased from June 19 1930 to June 19 1930
 that I last saw him alive on June 19 1930, and that death occurred, on the date stated above, at 7:20 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Apoplexy

(duration) instant yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (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? No

WHAT TEST CONFIRMED DIAGNOSIS? History Dependent
 (Signed) W. E. Walker M. D.
 , 19 (Address) La Monte Mo.

*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 La Monte Mo. DATE OF BURIAL June 21 1930

20. UNDERTAKER B. F. Parker ADDRESS La Monte 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

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