

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.

8648

APR 20 1931

1. PLACE OF DEATH

County Adair
Township
City Marksville (No.)

Registration District No. 4
Primary Registration District No. 3001

File No.
Registered No. 52
St. Ward)

2. FULL NAME

Gordia Alberta Reynolds

(a) Residence. No. 615 E. Elm 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 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 Stanley L. Reynolds

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-28-1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 2 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife 9 3/4
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Greentop Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER W. R. Stamps

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

12. MAIDEN NAME OF MOTHER Ellis Smith

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

14. INFORMANT Stanley P. Reynolds
(Address) 615 E. Elm Marksville

15. FILED 3/30 1931 Mrs C H Becker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-27-1931

17. I HEREBY CERTIFY, That I attended deceased from March 26, 1931, to March 26, 1931, that I last saw her alive on March 26, 1931, and that death occurred, on the date stated above, at 8:50 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

50 Carcinoma of left breast
(duration) 1 yrs. 2 mos. 20 ds.

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

18. WHERE WAS DISEASE CONTRACTED 3
IF NOT AT PLACE OF DEATH

3 DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 6, 1930
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) E. H. Holston M.D.
md 30, 1931 (Address) Kirksville 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 Post Madison DATE OF BURIAL 3-29-1931

20. UNDERTAKER Deeriley ADDRESS Kirksville

