

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

Do not use this space.

16676

**1. PLACE OF DEATH**

County Linn Registration District No. 496  
Township Brookfield Primary Registration District No. 309.5  
City Brookfield (No. 549) S. Main St. 3 Ward

File No. \_\_\_\_\_  
Registered No. 48  
St. 3 Ward

**2. FULL NAME**

(a) Residence, No. 549 S Main St., \_\_\_\_\_ Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 11 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3 - 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
40 7 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 171

10. Date deceased last worked at this occupation (month and year) May 9 11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rothville Mo

13. NAME Mrs Reynolds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Gertrude Dewey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield Mo

17. INFORMANT Mrs Reynolds

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE June 13

19. UNDERTAKER (ADDRESS) Shutes & Hollen's Brookfield Mo

20. FILED 5-31-1932 Le E Hunter Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1932, to May 31, 1932

I last saw him alive on May 31, 1932. Death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows:

lobular pneumonia

Other contributory causes of importance:

107A

Date of onset

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) W. B. Simpson Brookfield Mo

(Address) Brookfield 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.

JUN 23 1932

