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.

NOV 20 1934

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

Do not use this space.

36525

1. PLACE OF DEATH

County Lawrence — Registration District No. 467 — File No.

Township Aurora — Primary Registration District No. 5628 — Registered No. 60

City ~~Aurora~~ (No. R.F.D. # 1 St. Ward)

2. FULL NAME Cora E Reynolds

(a) Residence, No. R.F.D. # 1 Aurora Mo 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 J.M.Reynolds

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15-1866

7. AGE: Years 68 — Months 2 — Days 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Girard Pennsylvania

FATHER

13. NAME Alvy Cross

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Sarah Betts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Mr J.M.Reynolds
(ADDRESS) R.F.D. #1 Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aurora Mo. DATE Oct. 29 19 34

19. UNDERTAKER King Funeral Home
(ADDRESS) Aurora Mo.

20. FILED Oct 27 19 34 R. O. Cowan M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27 19 34

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 19 33, to Oct 27 19 34
I last saw her alive on Oct 26 19 34 Death is said to have occurred on the date stated above, at 1:37 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	not known

Other contributory causes of importance:

Myocarditis	not known

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. & Path. 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) Mel Lynch M. D.
(Address) 121 West Pleasant Aurora Mo.