

SEP 20 1938

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

28666
Do not use this space.

1. PLACE OF DEATH

(a) County Liberty Registration District No. 201
(b) Township Liberty Primary Registration District No. 5280 Registered No. 76
(c) City Liberty (d) Street No. Road 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Leon E. Reynolds 543

(a) Residence, No. Liberty, Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 (OR) WIFE OF John E. Reynolds

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 1870

7. AGE YEARS 67 MONTHS 10 DAYS 1 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home work for self.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 6 mo 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kearney, Mo

FATHER 13. NAME Marshall Peter

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

MOTHER 15. MAIDEN NAME Julia Means

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Mo

17. INFORMANT (ADDRESS) Mrs. Edgar Walker Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mar-Library Mo DATE 9/11/38

19. FUNERAL DIRECTOR (ADDRESS) Charles J. Walker Liberty Mo

20. FILED 9/18 1938 E. T. Brent Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1938

22. HEREBY CERTIFY, That I attended deceased from June 2, 1937, to Sept 6, 1938

I last saw him alive on Sept 6, 1938 Death is said to have occurred on the date stated above, at 8 AM.
The principal cause of death and related causes of importance were as follows:

Endocarditis chronic mitral stenosis with coronary occlusion 1937
Date of onset

Other contributory causes of importance: 9/2/38

Empyema 1936

Name of operation clinical Date of no
What test confirmed diagnosis clinical 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) Burton Malby, M. D.
(Address) Liberty 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/13/38

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)