

DEC'D MAR 15 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

8099

Do not use this space.

1. PLACE OF DEATH

- (a) County Yernon Registration District No. 875
 (b) Township Washington Primary Registration District No. 6162 Registered No. 40
 (c) City Nevada (d) Street No. State Hospital #3 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 0 yrs. 2 mos. 1 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

- 543 Rufus B. Reynolds
 (a) Residence, No. Bois D'Arc Ave. No. 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 M 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 Patsy Elsie Watts
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1879
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 59 4 1
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe Repair
 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) > 11. Total time (years) spent in this occupation ? 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

- FATHER 13. NAME Felix Reynolds
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

- MOTHER 15. MAIDEN NAME Dorothy Mortand
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

17. INFORMANT Mrs. P. B. Reynolds
 (ADDRESS) Bois D'Arc Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Char Creek Cem. DATE Feb. 14, 1939

19. FUNERAL DIRECTOR (NAME) Hayes Funeral Service
 (ADDRESS) Nevada Mo.

20. FILED 2-11 1939 Allen V. Gause
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1938, to Feb. 11, 1939

- I last saw him alive on Feb. 11, 1939 Death is said to have occurred on the date stated above, at 11:42 a. m.

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

Paralytic Convulsions Date of onset -

83

- Other contributory causes of importance:

Paralysis

- Name of operation _____ 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) Russ H. Peter M. D.

- (Address) State Hospital #3, Nevada

STATE OF NEVADA
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

RECEIVED
District Health Officer No. _____
District File Number 1-39-34
Date Filed 3-8-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *Allen O. Kay*

Licensed Embalmer No. 1968

P. O. Address *Nevada*

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

If this body is not embalmed, above space should be left blank.