

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18769
Do not use this space.

JUN 20 1939

1. PLACE OF DEATH

(a) County Howard, Registration District No. 378
 (b) Township _____ Primary Registration District No. 222 Registered No. 28
 (c) City Fayette, (d) Street No. _____
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

543 Spencer Pettis Reynolds
 (a) Residence, 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/ 17th 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 I 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 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 _____

12. BIRTHPLACE (CITY OR TOWN) Missouri, (STATE OR COUNTRY) 0

13. NAME Ambrose Reynolds, 1

14. BIRTHPLACE (CITY OR TOWN) Illinois, (STATE OR COUNTRY) 9

15. MAIDEN NAME Unknown,

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

17. INFORMANT Sidney Reynolds, (ADDRESS) Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland, DATE 5/7th 1939

19. FUNERAL DIRECTOR (NAME) Guy T. Halley, (ADDRESS) Fayette, Mo.

20. FILED June 6, 1939 V. G. Bonham Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/5th 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-1-39, 1939, to 5-5-39, 1939
 I last saw him alive on 5-5-39, 1939. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis of Heart Date of onset 5-5-39
93C
 Other contributory causes of importance: Myocarditis chr. 1935

Name of operation home Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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. G. Bonham, M. D.
322 (Address) Fayette 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 8
6/7/39

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.)

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