

REC'D SEP 21 1939

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

Do not use this space.

29906

File No. 252
Registered No. 252
St. _____ Ward _____

1. PLACE OF DEATH
County Pettis Registration District No. 668
Township Seaton Primary Registration District No. 3032
City Sealair (No. _____ St. _____ Ward _____)

2. FULL NAME Mary Francis Reynolds
(a) Residence, No. 1410 S. Museum Ward _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. 7 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leonard Reynolds
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 1867
7. AGE YEARS 71 MONTHS 8 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
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) Jan 1 1938
11. Total time (years) spent in this occupation 50

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 1939
22. I HEREBY CERTIFY, That I attended deceased from May 13 1939 to Aug 13 1939
I last saw her alive on Aug 12 1939. Death is said to have occurred on the date stated above, at 9:15 a.m.
The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis
93C

Date of onset _____
I _____

Other contributory causes of importance:
Senile Degeneration
Myocarditis Ch.
Hypertension
Name of operation _____ Date of _____
What test confirmed diagnosis Plas. Exam. Was there an autopsy Yes

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Afton Iowa
13. NAME Samuel Carns
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa
15. MAIDEN NAME Mary Gray
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa
17. INFORMANT Glen Reynolds
(ADDRESS)

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 _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE La Monte DATE 8-15 1939
19. UNDERTAKER B. J. Cramer
(ADDRESS) La Monte
20. FILED 8-14-1939 Mrs Harry Sneed 906 (Address) Sealair
Registrar.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Walter B. Kennard M. D.
Sealair

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED
District Health Officer No. 8,
District File Number
4/7/39
the Filed