

3. No. 2
1-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20080

FILED JUL 9 1946

Primary Registration District No. 3024

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 62 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45
(c) City or town Fayette
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert R. Reynolds

3. (b) If veteran, name war ---- 3. (c) Social Security No. -----

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mattie Halley 6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased July 27, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 11 3 hr. min.

9. Birthplace Paducah Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business ----

MOTHER FATHER { 12. Name Y. P. Reynolds /
13. Birthplace Kentucky /
(City, town, or county) (State or foreign country)
14. Maiden name Mary Anderson
15. Birthplace Kentucky /
(City, town, or county) (State or foreign country)

16. (a) Informant Guy Reynolds
(b) Address Fayette, Missouri

17. (a) Burial (b) Date thereof 7/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fayette, City Cemetery

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Mo.

19. (a) July 1, 1946 (b) Dorothy Reynolds
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1946 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from 6-25-46
to 6-30-46 that I last saw him alive on 6-30-46
and that death occurred on the date and hour stated above.
Immediate cause of death Uremic Coma 2 days

Due to Chronic hepatitis

Due to _____

Other condition Chronic Myocarditis
(Include pregnancy within 3 months of death) 5 yrs

Major findings: Of operations 13/14
Of autopsy _____

Duration 2 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury h.s

23. Signature W. B. Bloom (M. D. or other) h.s
Address Fayette, Mo. Date signed 7-1-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

