

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

27 County Christian Registration District No. 181 File No. 4280
Township Pack Primary Registration District No. 4107 Registered No. _____
City Billing (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

SILAS WRIGHT REYNOLDS

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Letitia Reynolds
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 - 1850
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 83 11 26
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Miller
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) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME G. W. Reynolds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Mrs. Lela G. Parrish St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE March 2, 1934

19. UNDERTAKER (ADDRESS) C. E. Horins Cassville, Mo.

20. FILED Mar 8 - 1934 F. H. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28 - 1934

22. I HEREBY CERTIFY, that I attended deceased from July 27, 1934, to July 28, 1934
I last saw him alive on July 28, 1934 Death is said to have occurred on the date stated above, at 8:30 m.
The principal cause of death and related causes of importance were as follows:

ACUTE UREMIA Date of onset _____
137
137
Other contributory causes of importance: HYPERTROPHY PROSTATE

Name of operation _____ 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? _____
If so, specify _____
(Signed) F. H. Browne, M. D.
(Address) Billing, Mo.

F. H. BROWN.

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.

