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

Do not use this space.

8738

File No.

Registered No. 67

1. PLACE OF DEATH

16 County Cape Girardeau — Registration District No. 135

1 Township " " — Primary Registration District No. 3009

8 City " " (No. St. Francis Hospital St. Ward)

2. FULL NAME Alice C Reynolds

(a) Residence, No. 208 So Middle St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

APR 24 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Lee Andrew Reynolds

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	65	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

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) Ill.

FATHER

13. NAME Wm Rushing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT Burley Reynolds (ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zoana Cemt DATE 3-5 1933

19. UNDERTAKER Lamasney Funeral Home (ADDRESS) Cape Girardeau Mo

20. FILED 3/4 1933 W C Trumpler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/15 1933 to 3/3 1933

I last saw her alive on 3/3 1933 Death is said to have occurred on the date stated above, at 2:20 p. m.

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

	Date of onset
Carcinoma of Liver	
Other contributory causes of importance: 466	
N.V.N.L. Cholecystitis	

Name of operation Exploratory Date of 3/1/33

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) [signature], M. D.

(Address) Cape Girardeau 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.