

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

Do not use this space.

9844

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 131  
 Township Frankford Primary Registration District No. 3782  
 City (No. ....) St. .... Ward .....

File No. ....  
 Registered No. ....

**2. FULL NAME**

Robert E. Reynolds  
 (a) Residence. No. Cape Girardeau St. .... Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Max Reynolds  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Oct 1 1879  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
47 7 7

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Farming  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Cape Girardeau Mo

**10. NAME OF FATHER** Aludley Reynolds

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Illinois

**12. MAIDEN NAME OF MOTHER** Wmney Burns

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Cape Girardeau Mo

**14. INFORMANT (Address)** Robert Reynolds Cape Girardeau Mo - R-M-1

**15. FILED** 3/16, 1929 Oliver Miller REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Mar 8 1929  
**17. I HEREBY CERTIFY, That I attended deceased from** Feb 15, 1929, to Mar 8, 1929, that I last saw h. live on Mar 8, 1929, and that death occurred, on the date stated above, at 10 o'clock a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Leukemia  
920A  
 (duration) yrs. mos. da.

**CONTRIBUTORY (SECONDARY)** No history  
 (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED** 605 W  
 IF NOT AT PLACE OF BIRTH .....

**19. DID AN OPERATION PRECEDE DEATH.** DATE OF .....

**20. WHAT TEST CONFIRMED DIAGNOSIS.** Microscope  
 (Signed) R.T. Miller, M. D.  
 , 19 (Address) Egypt Mills Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Home **DATE OF BURIAL** Mar 10 1929

**20. UNDERTAKER** Al Burns 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.

APR 21 1929

