

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 very important.

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

Do not use this space.

30719

1. PLACE OF DEATH  
 94 County St. Francois Registration District No. 774  
 Township Flar River Primary Registration District No. 6018 B  
 6 City Flar River - Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 6  
 2. FULL NAME Mrs. Sophia Reynolds  
 (a) Residence, No. Flar River - Mo 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.

File No. 384  
 Registered No. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

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 Mrs. Wm. Reynolds  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17-1855  
 7. AGE YEARS 78 MONTHS 5 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) Kentucky  
 13. NAME Mrs. David Bowen  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 15. MAIDEN NAME Mrs. Irene Cooksey  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 17. INFORMANT Mrs. Bertha Taylor (ADDRESS) Flar River - Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak View DATE Sept 10, 1933  
 19. UNDERTAKER Alexis W. Hood (ADDRESS) Flar River - Mo  
 20. FILED Sept 30, 1933 W. J. Bryan - 7018 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/8, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from 8/4, 1933 to 9/7, 1933  
 I last saw him alive on 9/7, 1933 Death is said to have occurred on the date stated above, at 1:09 A.M.  
 The principal cause of death and related causes of importance were as follows:  
acute Distention of heart  
chronic myocarditis  
chronic nephritis  
arteriosclerosis  
 Date of onset 9/9/33  
 Other contributory causes of importance:  
chronic myocarditis  
chronic nephritis  
arteriosclerosis  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Micro Exam & histology Was there an autopsy? no  
 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Paul L. Jones, M. D.  
 (Address) Elmer, Mo

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