NOV 20 1936

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

Do not use this space.

36967

File No.

Registered No. 3579

1. PLACE OF DEATH

County Cape Girardeau. Registration District No. 125

Township " " Primary Registration District No. 3009

City Near Cape Girardeau (No.) 1110 Ranney St. St. Ward)

2. FULL NAME George W. Reynolds.

(a) Residence, No. 1110 Ranney St. 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)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Glorine Knight.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10, 1879.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
56.	10.	9.	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lemings Mill.

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) Pocahontas Mo.

FATHER

13. NAME Dudley Reynolds.

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

MOTHER

15. MAIDEN NAME Nancy Dunn.

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

17. INFORMANT Mrs Glorine Reynolds.
(ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmont Cemt. DATE Oct 20, 19 36

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

20. FILED 10-18 1936 J. M. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1936 to Oct. 1936

I last saw him alive on Oct. 8, 1936 Death is said to have occurred on the date stated above, at 7.13P m.

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

	Date of onset
Carcinoma Sigmoid Colon	July 1935
Intestinal Obstruction	Oct. 1935

Other contributory causes of importance:

Name of operation Colon Resection Date of Sept. 1935

What test confirmed diagnosis? Microscopic 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) Frank W. Hall, M. D.

(Address) 318 Broadway.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.