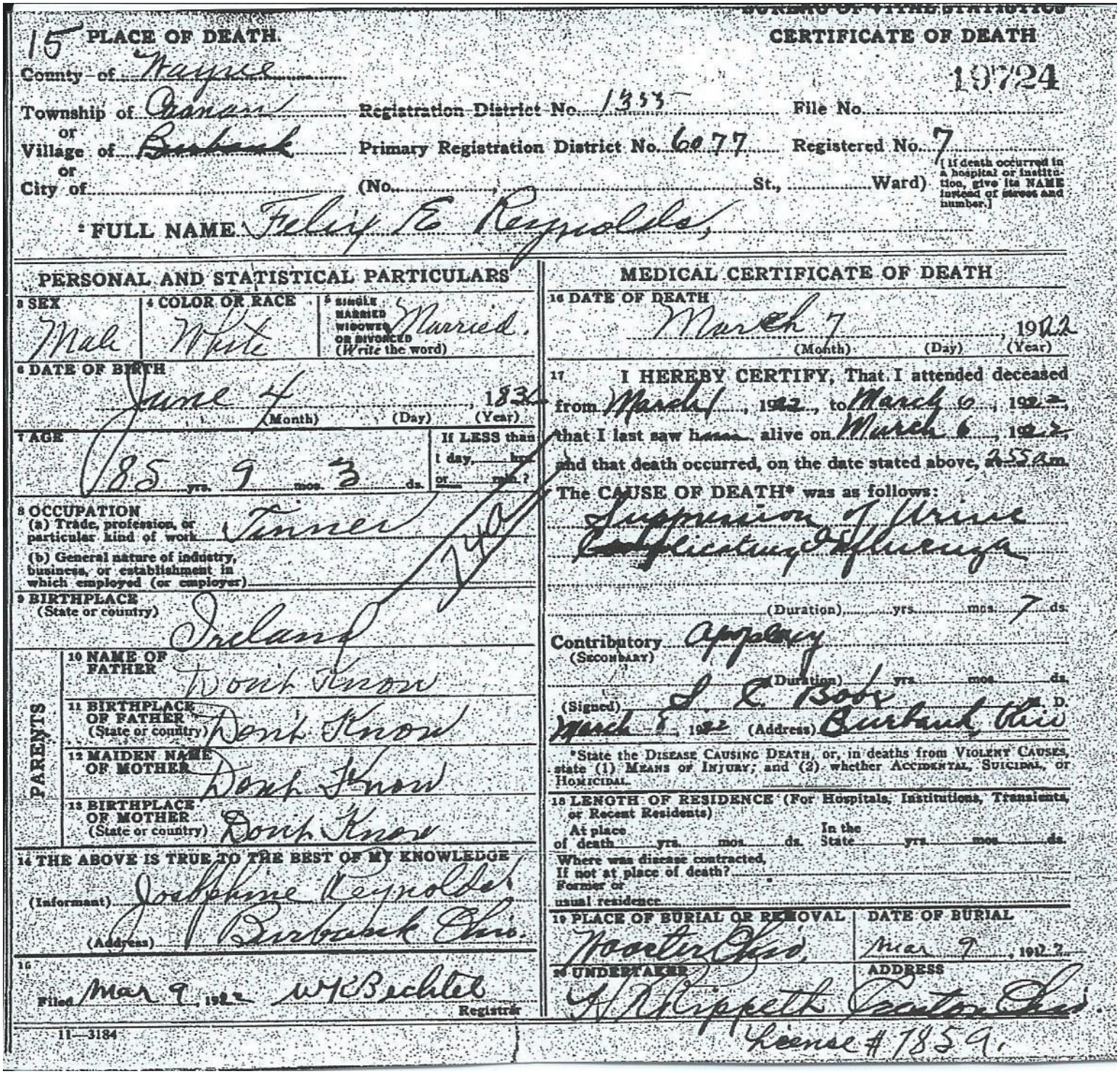
Feliex Reynolds Death Certificate



15 PLACE OF DEATH.

CERTIFICATE OF DEATH

19724

County of Wayne

Township of Franklin Registration District No. 1353 File No.

or Village of Burbank Primary Registration District No. 6077 Registered No. 7

or City of (No. , St., Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME. Felix E Reynolds,

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married.

6 DATE OF BIRTH: June 4 (Month) (Day) 1837 (Year)

7 AGE: 85 yrs. 9 mos. 3 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Ireland

PARENTS

10 NAME OF FATHER: Don't Know

11 BIRTHPLACE OF FATHER (State or country): Don't Know

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (State or country): Don't Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Josephine Reynolds

(Address): Burbank Ohio.

16 Filed Mar 9 1922 W H Bechtel Registrar

11—3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 7 (Month) (Day) 1922 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1922, to March 6, 1922, that I last saw him alive on March 6, 1922, and that death occurred, on the date stated above, at 2.55 a.m.

The CAUSE OF DEATH* was as follows:

Suppression of Urine

Complication of Influenza

(Duration) yrs. mos. 7 ds.

Contributory (Secondary) Apoplexy (Duration) yrs. mos. ds.

(Signed) L. L. Body M. D.

March 8, 1922 (Address) Burbank Ohio

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Wooster Ohio

DATE OF BURIAL: Mar 9, 1922

20 UNDERTAKER: H R Rippeth

ADDRESS: Easton Ohio.

License # 7859.

Date: 7 Mar 1922