

Mrs. Helen S. Reynolds

The funerals of Mrs. Helen Stradley Reynolds, 47, who died Saturday was held from the home of her brother, Edward B. Stradley near Warwick, Tuesday morning. Interment at Sassafras, Md.

Printed: March 8, 2011

STATE BOARD OF HEALTH  
DELAWARE

JAN 10 1939

STATE OF DELAWARE  
DIVISION OF VITAL STATISTICS

O.K. MAY - 9 1939

3047

DEPARTMENT OF HEALTH  
VITAL STATISTICS  
DEATH

CERTIFICATE OF DEATH

County New Castle State of Delaware, Registered No. \_\_\_\_\_  
Hundred 10 on Village Harborside or  
City Delaware State Hospital, Ward \_\_\_\_\_  
If death occurred in a hospital or institution, give its NAME instead of street and number.

Length of residence in city or town where death occurred \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days. How long in U. S. if of foreign birth? \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days.

2. FULL NAME HELEN S. REYNOLDS

(a) Residence: No. Granite Heights Ward Marshallton, Del.  
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Reynolds

6. DATE OF BIRTH (mo. day and yr.) Dec 4 1891

7. AGE Years 47 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Ind (State or country)

13. NAME Edward Stradley

14. BIRTHPLACE (city or town) Ind (State or country)

15. MAIDEN NAME Rachel Johnstone

16. BIRTHPLACE (city or town) Ind (State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

17. INFORMANT Wm Reynolds

(Address) Marshallton, Del.

Date of Information 12/25/38

18. BURIAL, CREMATION OR REMOVAL 12/27/38

Place Marshallton, Del.

19. UNDERTAKER S. S. Smith

Address Townsend, Del.

24 FILED Dec. 26 1938

FILED Dec. 26 1938

MEDICAL CERTIFICATE OF DEATH 7-1220

20. DATE OF DEATH (mo. day and yr.) Dec. 24, 1938

21. I HEREBY CERTIFY, That I attended deceased from Jan 19 1938 to Dec 24 1938  
I last saw deceased on Dec 24 1938 death is said to have occurred on the date stated above at 11:30 A.M.  
The principal cause of death and related causes of importance in order of onset were as follows:

Voluntarily Dec 7, 1938

Contributory causes of importance not related to principal cause

Name of operation Excision of Date of 12-7-38

What test confirmed diagnosis? None Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

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 \_\_\_\_\_

23. Was disease of injury \_\_\_\_\_ suspected to be occupational or hereditary? No

If so, specify W. A. Tarrington, M.D.

(Signed) W. A. Tarrington, M.D. (Address) Marshallton, Del.

Mary A. Gebhardt Local Sub-Registrar

Mary A. Gebhardt Local Registrar

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND BEFORE INTERMENT OR OTHER DISPOSAL OF THE BODY

MARGIN RESERVE FOR BINDING  
WRITE ONLY, 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. See instructions on back of certificate.