

JUN 24 1927

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

Do not use this space.

14270

1. PLACE OF DEATH

County Buchanan

Registration District No. 85  
1001

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 564

City St. Joseph

(No. 2933 Olive Street)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Herman Edward Reents

(a) Residence. No. 2933 Olive Street St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. 6 mos. 25 ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 3, 1904.

7. AGE

YEARS  
22

MONTHS  
6

DAYS  
25

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph,  
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Herman F Reents

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Christina Kiefer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Kansas.

14.

INFORMANT Christina Reents  
Address 2933 Olive Street,

15.

FILED 28 1927  
John B. G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May. 28, 19 27.

17. I HEREBY CERTIFY, That I attended deceased from June 12, 1927, to May 28, 1927, that I last saw him alive on May 27, 1927, and that death occurred, on the date stated above, at 1/30, 1927

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis  
23 A 11  
31  
Influenza (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTINGUARY (SECONDARY) \_\_\_\_\_  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Microscopical  
(Signed) J. A. Gummig, M. D.

May. 28 19 27 (Address) St. Joseph 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

Ashland Cemetery

DATE OF BURIAL

May. 31, 19 27

20. UNDERTAKER

H. C. Sidenfaden

ADDRESS

1802 Union Street

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.

