

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

Do not use this space.

1. PLACE OF DEATH

County Shelby
Township Fayette
City Shelbina (No.)

Registration District No. 830
Primary Registration District No. 6091

File No. 39179
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. Martha Ann Reifer St. Ward.
(Usual place of abode) Furnish Hospital

Clarence Mo
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1/2 How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-3-1927

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

17. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1927, to Dec 3, 1927 that I last saw her alive on Dec 2, 1927 and that death occurred, on the date stated above, at 7:10 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23/1867

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Strangulated umbilical
Hernia, Rupture of bowel
and Peritonitis

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 | 6 | 10

(duration) yrs. mos. ds. 12 3 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

CONTRIBUTORY (SECONDARY) 11801
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Heiss

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov. 27, 1927

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

WAS THERE AN AUTOPSY?.....

12. MAIDEN NAME OF MOTHER No Record

WHAT TEST CONFIRMED DIAGNOSIS...
(Signed) W. J. Smith, M. D.
, 19 (Address) Shelbina, Mo.

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

*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.

14. INFORMANT John Reifer
(Address) Clarence, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maplewood Cemetery DATE OF BURIAL 12-5-1927
Clarence Mo.

15. FILED Dec 10 27 Madg. Good REGISTRAR

20. UNDERTAKER Brothman Son ADDRESS Shelbville, Mo.

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.

JAN 7

1928

27
67

