

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

Do not use this space.

7362

**1. PLACE OF DEATH**

County Saline Registration District No. 796 File No. 1234  
 Township Marshall Primary Registration District No. 2038 Registered No. 548  
 City Marshall (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

**2. FULL NAME**

Hilda Virginia Reith  
 (a) Residence, No. 365 W. Morgan St. \_\_\_\_\_ Ward. Blackburn Mo.  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. 1 mos. 23 da. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Single

SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Dec. 6, 1914

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
13 3

**8. OCCUPATION OF DECEASED**

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

**9. BIRTHPLACE** (CITY OR TOWN) Blackburn (STATE OR COUNTRY) Missouri

**10. NAME OF FATHER** August E. Reith

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) Concordia (STATE OR COUNTRY) Missouri

**12. MAIDEN NAME OF MOTHER** Lena V. John

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) Sublet Springs (STATE OR COUNTRY) Missouri

**14. INFORMANT** A. E. Reith (Address) Blackburn, Mo.

**15. FILED** Feb 6 1928 Wm. John H. McEglin REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) Feb 5 1928

**17. I HEREBY CERTIFY**, That I attended deceased from Dec 22, 1927, to Feb 5, 1928. that I last saw h. a. w. alive on Feb 5, 1928, and that death occurred, on the date stated above, at 10:45 PM m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Endocarditic with complications  
107A  
91B

**CONTRIBUTORY (SECONDARY)** Pneumonia (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 da.

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

**0 DID AN OPERATION PRECEDE DEATH?** No. DATE OF \_\_\_\_\_

**WAS THERE AN AUTOPSY?** No

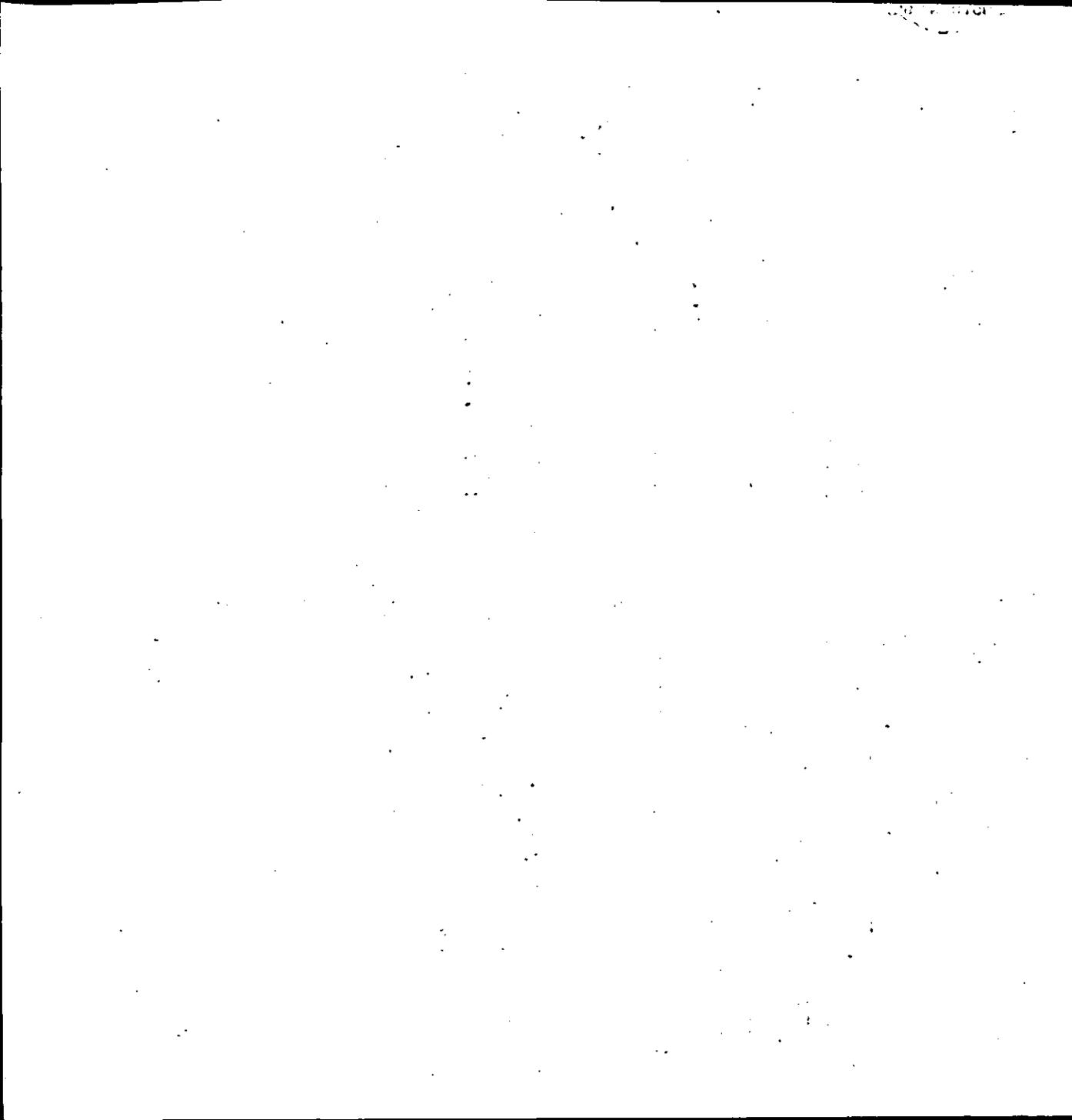
**WHAT TEST CONFIRMED DIAGNOSIS?** Symptoms (Signed) E. J. Starnes D.O. M.D.

02-5, 1928 (Address) Marshall, 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** Blackburn **DATE OF BURIAL** March 8, 1928

**20. UNDERTAKER** Hebert & Wuerch ADDRESS Blackburn



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Saline Registration District No. 796 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 3038 Registered No. 48  
 City Marshall (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Frieda Virginia Reith  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED W (write the word)

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

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

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

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_ (duration) yrs. mos. ds.  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 3-6-28 Mrs. John H. McGuire REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5 1928

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Endocarditis with complications

CONTRIBUTORY (SECONDARY) Pneumonia (duration) yrs. mos. ds. Bronchitis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 90 W  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.  
 \_\_\_\_\_, 19\_\_\_\_ (Address)

\*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 \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_ 19\_\_\_\_

20. UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

SUPPLEMENTARY

DO NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-7362

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

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