

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

Do not use this space.

28080
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1. PLACE OF DEATH

County Craig Registration District No. 641
Township Jackson Primary Registration District No. 5850
City (No.) St. Ward

File No.
Registered No.

2. FULL NAME

John Reusch

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 7 16

8. OCCUPATION OF DECEASED Farmer
(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) Jefferson City Mo
(STATE OR COUNTRY)

10. NAME OF FATHER John Reusch sr

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

12. MAIDEN NAME OF MOTHER Beatrice Neff

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

14. INFORMANT Leo Reusch
(Address) Kaetztown Mo

15. FILED 8-16 28 Robert Prater
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug the 16th 1928

17. I HEREBY CERTIFY, That I attended deceased from the 30th 1924, to Aug the 16th 1928, that I last saw him alive on Aug the 15th 1928, and that death occurred, on the date stated above, at same a. d. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Causes of the Colon & Large Bowels
46 c.
(duration) About 84 Months ds.

CONTRIBUTORY (SECONDARY) Low Vitality
(duration) About 2 years ds.

18. WHERE WAS DISEASE CONTRACTED 8
IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Henry E. Werner, M. D.
Aug 16, 1928 (Address) Meta 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 Kaetztown Mo DATE OF BURIAL 8-18 1928

20. UNDERTAKER Herman N Stroy ADDRESS Meta 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.

