

21 22 1928

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

29770

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph, Mo.

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 1076
St. Ward)

2. FULL NAME

Frances Reich
(a) Residence. No. 2015 Garfield St. Ward.

Length of residence in city or town where death occurred 81 yrs. 0 mos. 0 ds. 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1, 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 | 6 | 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Joseph Reigler

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

12. MAIDEN NAME OF MOTHER Louisa Ludwig

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

14. INFORMANT J. A. Berry
(Address) 2015 Garfield

15. FILED SEP 11 1928
John D. Berry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 10, 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1928 to Sept 10, 1928 that I last saw h. alive on Sept 9, 1928, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Myocardial Infarction
131
1290
(duration) yrs. mos. ds.

CONTRIBUTORY Not Known
(SECONDARY)
(duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH.. NO DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) M. S. Tracy M.D.
9/11, 1928 (Address) 674 1/2 Francis St

*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 Freeman Chapel DATE OF BURIAL Sept. 13, 1928

20. UNDERTAKER Freeman Funeral Home ADDRESS 1208 Francis

WRITE PLAINLY, 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.

