

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

Do not use this space.

33722

263

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. \_\_\_\_\_  
 City Warrens City (No. 448) (City of Warrens) (Ward) \_\_\_\_\_

**2. FULL NAME**

Mrs. Elizabeth R. Riederer  
 (a) Residence No. 448 E. Meyer St. B Ward. (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. 2 mos. \_\_\_\_\_ da. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 17, 1837

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
91 | 0 | 3

**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 \_\_\_\_\_

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

PARENTS

10. NAME OF FATHER Herman Gilbert

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT John Riederer  
 (Address) 448 E. Meyer Blvd.

15. FILED 10/20/28 M. Madue REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 18 1928 to Oct 20 1928 that I last saw him alive on Oct 20 1928, and that death occurred, on the date stated above, at 1:30 a. m.

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

Myocardial infarction

(duration) \_\_\_\_\_ yrs. 4 mos. \_\_\_\_\_ da.

CONTRIBUTORY (SECONDARY) Myophytis choria

(duration) 12 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED San Remo  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

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

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

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) Ralph W. Barber, M. D.

10/20 1928 (Address) 816 Lakewood Bldg

\*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 Halton, Kans. DATE OF BURIAL Oct 21 1928

20. UNDERTAKER H. H. Newcomer's Sons ADDRESS KC Mo

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.

~~2000~~  
Value of ~~...~~  
~~...~~  
...  
...

2110