

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

Do not use this space.

5021

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 100
City Kansas City, Mo. (No. 4224 Walnut Street)

File No. _____
Registered No. 548
St. _____ Ward _____

2. FULL NAME James Chadwick Rieger

(a) Residence. No. 4224 Walnut St., 1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF — Mrs. Christina B. Rieger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 30, 1856

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>4</u>	<u>12</u>	

8. OCCUPATION OF DECEASED

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

*107.9
99.3
130*

9. BIRTHPLACE (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Henry Rieger</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Frances J. Davis</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>

14. INFORMANT Chalmers R. Wood
(Address) 8 East 70th St.

15. FILED 2/13, 1930 M. M. Grove REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/12/30 1930

17. I HEREBY CERTIFY that I attended deceased from Feb 7 to Feb 12 1930 that I last saw him alive on Feb 12 at 7:15 P.M. and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Central Embolus
Broncho Pneumonia

(Contributory) Broncho Pneumonia mos. 0 ds. 0
CONTRIBUTORY (SECONDARY) Central Embolus (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

1. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
2. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Observation
(Signed) Franklin E. Murphy M. D.
Feb 17, 1930 (Address) Marion, 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 Elmwood Cemetery DATE OF BURIAL 2/14/30

20. UNDERTAKER Freeman Mortuary ADDRESS 104 W 42

909 Waldheim