

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

Do not use this space.

**19587**

**1. PLACE OF DEATH**

County Jackson  
Township Kan  
City City of Kansas City (No. 4707)

Registration District No. 396  
Primary Registration District No. 2  
Ward Bellemeir

File No. ....  
Registered No. 2088  
St. .... Ward)

**2. FULL NAME**

(a) Residence No. Stratton, Col. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

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

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>About</u>	<u>56</u>			

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Foreman  
(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) Mrs. Coopers

10. NAME OF FATHER Michael Reibel

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) Unknown

14. INFORMANT (Address) Mrs. Frank Reibel  
Stratton, Col.

15. FILED 6/21 19 30 M. M. Coopers REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 19 30

17. I HEREBY CERTIFY, That I attended deceased from June 21 19 30 to June 21 19 30 that I last saw him alive on June 21 19 30 and that death occurred, on the date stated above, at 7:45 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

13! 132B Uremia

CONTRIBUTORY (SECONDARY) Chronic Nephritis  
Several years

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

19. WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) John B. Coopers  
6/21 19 30 (Address) 236-477

\*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  
Stratton, Col. - 6/22 19 30

20. UNDERTAKER ADDRESS  
F. Howell Co 3256 Broadway

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.

