

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

Do not use this space.

33140

1. PLACE OF DEATH

County Jackson
Township Kanawha
City Kansas City, Mo. (No. 3432)

Registration District No. 299
Primary Registration District No. 1002

File No. 1070
Registered No. 1070
St. _____ Ward _____

2. FULL NAME

Nicholas P. Rieger
(a) Residence. No. 3432 Wabash St. 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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 Emma Budow Rieger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27 - 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>66</u>	<u>8</u>	<u>7</u>	<u>29</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Jefferson City
(STATE OR COUNTRY) Mo

PARENTS	10. NAME OF FATHER <u>Joseph A Rieger</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Heneretha Watkins</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT (Address) 3432 Wabash Emma B Rieger

15. FILED 10/28 30 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 26 1930

17. I HEREBY CERTIFY, That I attended deceased from March 17 1920 to Oct 26 1930 that I last saw him alive on Oct 26 1930 and that death occurred, on the date stated above, at 940 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach & Liver
46 B
S.P.E. (duration) yrs. 10 mos. ds.
CONTRIBUTORY (SECONDARY) 440 (duration) yrs. mos. ds.

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

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF July 11 1930

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? operation
Signed Fred K. Rieger M. D.

*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 Mount Abner Catholic Cemetery DATE OF BURIAL Oct 29 1930

20. UNDERTAKER John N. Wagner ADDRESS Wagonville

N. E.—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.

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