

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

Do not use this space.

313

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.

18 1931

PLACE OF DEATH

County Buchanan Registration District No. 82
 Township Washington Primary Registration District No. 5127
 City St. Joseph Mo. (No. 608, Dewey Ave.) St. _____ Ward _____

2. FULL NAME

Le Roy Watson Riemer
 (a) Residence. No. 608 Dewey Ave., 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 27 1908

7. AGE YEARS MONTHS DAYS 22 11 7 7 7 7
 (If LESS than 1 day, _____ hrs. or _____ min.)

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Oscar Riemer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Lula Watson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph
 (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Oscar Riemer
 (Address) St. Joseph Mo.

15. FILED 1-5 31 19 31 J. J. Busschuck
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 4, 1931

17. I HEREBY CERTIFY, That I attended deceased from viewed on _____ 19____ to _____ 19____
 that I last saw h. _____ alive on _____, 19____ and that death occurred, on the date stated above, at _____ 2:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Airplane crash, Passenger and Pilot, in nose Diving Stunt # Near St Joseph Mo.

3 1/4 M (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) none (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTACTED? 297

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Facts

(Signed) J. W. Tadlock Coroner, M. D.

1/5 1931 (Address) 821 Francis

*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 Memorial Park DATE OF BURIAL Jan. 7, 1931

20. UNDERTAKER Fleeman Funeral Home ADDRESS 1946 Colham

