

APR 25 1931

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

Do not use this space.

6279

1. PLACE OF DEATH

61 County Mason Co
Township Ringtown
City _____ (No. _____)

Registration District No. 534
Primary Registration District No. 5717

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Margaret Reifgen

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF— <u>Wm Reifgen</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 15 1859</u>			
7. AGE YEARS <u>71</u>	MONTHS <u>6</u>	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house wife</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2 3/4</u>		
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1931, to Feb 8, 1931.
I last saw her alive on Feb 8, 1931 Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

Influenza

Date of onset

Feb 5-31

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Cowart, M. D.
(Address) New Canaan Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Menominee Wis

FATHER

13. NAME Wm King

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

MOTHER

15. MAIDEN NAME Reyna Halliburst

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

17. INFORMANT (ADDRESS) Joe Reifgen New Canaan Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's DATE Feb 10 1931

19. UNDERTAKER (ADDRESS) Jan M. Stuehlein
Marceline Mo

20. FILED Feb 9th 1931 G. T. Sunday Registrar.

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.

