

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

Do not use this space.

27835

1. PLACE OF DEATH

County Osage Registration District No. 213
Township Jefferson Primary Registration District No. 5293
City Osage City (No. _____, _____ St. _____ Ward _____)

File No. 229
Registered No. _____
St. _____ Ward _____

2. FULL NAME Burt Riedel

(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 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) _____	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Batchor</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-24-1884</u>	
7. AGE YEARS <u>46</u>	MONTHS <u>11</u>	DAYS <u>25</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>Farmer</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
	10. Date deceased last worked at this occupation (month and year) <u>1-1-20</u>		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Osage City</u>			
MOTHER	13. NAME <u>Phillip Riedel</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
	15. MAIDEN NAME <u>Malida Simpson</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Osage Co.</u>		
17. INFORMANT <u>Kate Melcher</u> (ADDRESS) <u>316 Miller St Jefferson City</u>			
18. BURIAL, CREMATION, OR REMOVAL <u>buried</u> DATE <u>Sept 1 1931</u>			
19. UNDERTAKER <u>James & James</u> (ADDRESS) <u>Jefferson City</u>			
20. FILED <u>9-1-</u> 19 <u>31</u> <u>W. B. Bedford</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 1931

I HEREBY CERTIFY, That I attended deceased from Aug 27, 1931, to Aug 20, 1931
I last saw him alive on Aug 29, 1931 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Pneumonia lobar (date of onset Aug 27)
108 108

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? none 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) W. B. Bedford, M. D.
(Address) Jefferson City, Mo.

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.

SEP 22 1931

