

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

11706

1. PLACE OF DEATH

County Buchanan
Township St Joseph
City St Joseph (No. State Hospital #2)

85

Registration District No.
Primary Registration District No. 1001
State Hospital #2.

File No.
Registered No. 385
St. Ward)

2. FULL NAME

(a) Residence No. John Thomas Reus St. Ward. Nehalem Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 9 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 unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 7 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 4 16

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) DeKalb Co. Mo

PARENTS
10. NAME OF FATHER Sidney Reus
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky
12. MAIDEN NAME OF MOTHER Walter Hausercraft
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill

14. INFORMANT Records State Hosp #2
(Address) St Joseph Mo

15. John R. Bender
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 18 1932
17. I HEREBY CERTIFY, That I attended deceased from March 8 1932 to April 18 1932
that I last saw him alive on April 17 1932, and that death occurred, on the date stated above, at 5:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1 1/2 Chronic Nephritis
over (duration) yrs. 1 mos. 9 ds.

CONTRIBUTORY (SECONDARY) Senile Psychosis
over (duration) yrs. 1 mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED 131
IF NOT AT PLACE OF DEATH no (1)

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr Chas Smith M. D.
4/18, 1932 (Address) State Hospital #2 St Joseph Mo

*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
State Hospital Cemetery Apr, 19, 1932

20. UNDERTAKER ADDRESS
Walter Meinkoffer 1302 Paraon St.
St. Joseph, Mo.

APR 18 1932

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.

MAY 28 1932

