

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

Do not use this space.
22322

1. PLACE OF DEATH
25 County Clinton Registration District No. 204
Township Shoal Primary Registration District No. 5222
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Sophia Buchholz
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 20, 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 10 1.

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

9. BIRTHPLACE (CITY OR TOWN) New York
(STATE OR COUNTRY) New York

10. NAME OF FATHER Conrad Reitz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Franciska Infusing
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs Phil O'Donnell
(Address) Cameron Mo

15. FILED 7/22 1932 W O N Risley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1932
I HEREBY CERTIFY, That I attended deceased from July 18 1932 to July 21 1932
that I last saw him or her alive on July 21 1932 and that death occurred, on the date stated above at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) _____ yrs. _____ mos. _____ ds.
18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) M R Peters M. D.
July 22 1932 (Address) Cameron 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 Evergreen Cemetery
DATE OF BURIAL 7/23 1932

20. UNDERTAKER J W Roland
ADDRESS Cameron

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.

AUG 23 1932

PARENTS

