

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

Do not use this space.

22348
172

1. PLACE OF DEATH

26 County Cole
3 Township
8 City Jefferson (No.)

Registration District No. 2.3
Primary Registration District No. 90.4

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. John Reigle
(Usual place of abode) Missouri State Penitentiary, Inmate (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 -- -- --

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) Kansas 2

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 31
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Miss. Prison Records (Address) Jeff. City - Mo.

15. FILED 8/1/32 1932 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1932

17. I HEREBY CERTIFY, That I attended deceased from not 1932, to 1932, 1932 that I last saw h. not alive on not, 1932, and that death occurred, on the date stated above, at 3:55 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Cardiac Dilatation

CONTRIBUTORY (SECONDARY) Insulation (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED same (duration) yrs. mos. ds. 305

19. DID AN OPERATION PRECEDE DEATH? no DATE OF 5

WHAT TEST CONFIRMED DIAGNOSIS. Diagnosis by Exclusion
(Signed) E. C. ... M. D.

July 28 1932 (Address) Jefferson City, 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. Coronary Calc

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Salina, Kansas DATE OF BURIAL 8/11 1932

20. UNDERTAKER Heinrichs ADDRESS J. 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.

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