

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

Do not use this space.
35211

1. PLACE OF DEATH
 County Crawford Registration District No. 229
 Township Blaine Primary Registration District No. 2211
 City (No. _____) _____ St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Lawrence J. Reitz
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Mary Louise Reitz
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 5 8
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Poultry Breeder
 (b) General nature of industry, business, or establishment in which employed (or employer) 8
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
 (STATE OR COUNTRY) _____

PARENTS

10. NAME OF FATHER Martin Reitz
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Catherine Schertz
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Belgium
 (STATE OR COUNTRY) _____

14. INFORMANT Louis M. Reitz
 (Address) _____

15. FILED Nov. 18, 1932 Edw. Adams
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 17 1932
 17. I HEREBY CERTIFY, That I attended deceased from 11-1-32
 _____, 19____, to 11-17-32, 19____
 that I last saw h. _____ alive on 11-15-32 and that
 death occurred, on the date stated above, at 10:00 a. _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS
Diabetes Mellitus
59 59
 (duration) _____ yrs. _____ mos. _____ da.
 CONTRIBUTORY No
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED ①
 IF NOT AT PLACE OF DEATH _____

Did AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Chinampstick
 (Signed) E. S. Humes, M. D.
 _____, 19____ (Address) Bourbon

*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 Leasburg DATE OF BURIAL Nov. 16 1932

20. UNDERTAKER Thomas P. Shaffer ADDRESS Sullivan

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.

