

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

Do not use this space.

1. PLACE OF DEATH

County Ripley
Township Douglas
City (No.)

Registration District No. 750
Primary Registration District No. 5985

File No. 11 6342
Registered No. 1147 St. Ward)

2. FULL NAME

(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 138 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 widowed (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Reithman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-10-1856

7. AGE YEARS 76 MONTHS 8 DAYS 28 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey, France

13. NAME Acceback

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown France

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT Jos. Acceback (ADDRESS) Douglas, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE 2-9-33 19.

19. UNDERTAKER Jordan (ADDRESS) 33 E. D. Johnston

20. FILED 79 1933 E. D. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7-1933

22. I HEREBY CERTIFY, That I attended deceased from 1/11 1932 to 2/7/1933 1933
I last saw him alive on 2-7-1933 19... Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 2/7/33

Other contributory causes of importance: GPA SLD

Name of operation Date of
What test confirmed diagnosis? clinical 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?
If so, specify
(Signed) C. J. Joforth M. D.
(Address) Douglas Mo.

N. B.—Every item of information supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. It may be properly classified. Exact statement of OCCUPATION is very important.

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