

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

Do not use this space.

9265

**1. PLACE OF DEATH**

County Grundy  
Township \_\_\_\_\_  
City TRENTON (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 330  
Primary Registration District No. 5017

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Edwin Wiley REAMER

(a) Residence, No. 421 East 7th St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 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) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Phoebe Jean Reamer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>67</u>	<u>2</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Joiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year) March 1, 1931 11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County Illinois

MOTHER FATHER 13. NAME Franklin A Reamer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County Illinois

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Ray Reamer (ADDRESS) Trenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE 207 Long, Trenton, Mo. DATE 22 Mar 1933

19. UNDERTAKER DAVIS FUNERAL SERVICE, TRENTON, MO. (ADDRESS) Raymond A. Davis #3424

20. FILED 21 Mar 33 E. A. Duffey Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 19 1933

22. I HEREBY CERTIFY, That I attended deceased from 11 Apr 1931 to March 19 1933

I last saw h. (him) alive on March 19 1932. Death is said to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset 2 yrs.

Asthma 2 yrs.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy?

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? No

If so, specify E. A. Duffey, M. D.  
(Signed) \_\_\_\_\_ (Address) Trenton, Mo.

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.

APR 21 1933

47

