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

Do not use this space.

15543

1. PLACE OF DEATH
County Washington — Registration District No. 885 — File No.
Township Bellevue — Primary Registration District No. 6177 — Registered No. 39
City ..... (No. ..... St. ..... Ward)

2. FULL NAME William Jene Rieffer
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
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) April 30-1933
7. AGE — YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, ... hrs. or 30 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) This Co. Mo.

FATHER
13. NAME Oscar Rieffer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edmond Okla.

MOTHER
15. MAIDEN NAME Lattie Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Mo.

17. INFORMANT (ADDRESS) Oscar Rieffer Grandale Mo. R.1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Caledonia, Mo. DATE 5-1 1933

19. UNDERTAKER (ADDRESS) White & Son Trenton, Mo.

20. FILED May 4, 1933 Mrs. J. M. Kecoy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1933 to April 30, 1933
I last saw him alive on April 30, 1933 Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

premature birth Mo-
atalectasis

Date of onset

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Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) Jos. L. Thurman, M. D.
(Address) Potosi, 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.

MAY 24 1933