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

Do not use this space.

28927

OCT 20 1933

1. PLACE OF DEATH
County Callaway — Registration District No. 104 — File No.
Township — Primary Registration District No. 3008 — Registered No. 183
City Fulton (No. , St. Ward)

2. FULL NAME Irene Reissaus
(a) Residence. No. Glasgow Mo 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: Fem.
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) Aug 23 - 1892

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
41	—	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Unk.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Glasgow Mo
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Fred Reissaus
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unk
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Vol.
(STATE OR COUNTRY)

14. INFORMANT Hospital Records
(Address)

15. FILED 9/24 1933 R. N. Creews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 24 1933

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1933, to Sept 24, 1933 that I last saw him alive on Sept 24, 1933, and that death occurred, on the date stated above, at 6:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Fred B. Cooper, M. D
, 19 (Address) Fulton 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Glasgow Mo Vandiver & Audsley — DATE OF BURIAL Sept 26 1933

20. UNDERTAKER — ADDRESS Glasgow Mo.

WRITE PLAINLY, WITH UNFADING INKLETHIS 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.

Kane