

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

Do not use this space.

2154

1. PLACE OF DEATH

County Rolla Registration District No. 609
Township Fake Creek Primary Registration District No. 5897
City (No.) St. Ward)

File No.
Registered No. X 1

2. FULL NAME

Mrs Katherine Reimer

(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 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female white 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fritz Reimer

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 9-1858

8. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 11 28

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

10. BIRTHPLACE (CITY OR TOWN) Florence
(STATE OR COUNTRY) Missouri CO

11. NAME OF FATHER Sick Kuchen

12. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

13. MAIDEN NAME OF MOTHER Do not know

14. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

15. INFORMANT Buddy Reimer
(Address) Smithton Mo

16. FILED Jan 9, 1934 Wm J L Monahan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-7-34

I HEREBY CERTIFY, that I attended deceased from June 1, 1934 to Dec 7, 1934 that I last saw him alive on Jan 7, 1934 and that death occurred, on the date stated above, at 7:30 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Myocarditis
93C
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 93C
(duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

21. WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. J. ... M. D.

22. (Address) Smithton 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.

23. PLACE OF BURIAL, CREMATION, OR REMOVAL Smithton MO DATE OF BURIAL 1-9-1934

24. UNDERTAKER A. F. ... ADDRESS Smithton

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.

FEB 27 1934

