

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.

MAY 25 1934.

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. 4013 King Hill Ave.)

File No. 11987
Registered No. 465
St. _____ Ward _____

2. FULL NAME

Theodore Nevin Reiber

(a) Residence, No. 4013 King Hill Ave. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Olive Reiber</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 27, 1966</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>67</u>	<u>11</u>	<u>25</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Unemployed</u>			
	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) <u>Gibson Falls MISS.</u>				
FATHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	15. MAIDEN NAME <u>Unknown</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	17. INFORMANT <u>Olive Reiber</u> (ADDRESS) <u>4013 King Hill Ave.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>April 18, 1934</u>				
19. UNDERTAKER <u>Fred D. Clark</u> (ADDRESS) <u>5025 King Hill Ave.</u>				
20. FILED <u>4-18-34</u> <u>John R. Bunder</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 17, 1934, to Apr. 17, 1934
I last saw him alive on April 17, 1934. Death is said to have occurred on the date stated above, at 10:10 A.M.
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis Unknown

Other contributory causes of importance: 9:30 A

Name of operation none 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? No
If so, specify _____
(Signed) William A. Robertson, M. D.
(Address) St. Joseph Mo

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