

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.

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

Do not use this space.

1. PLACE OF DEATH

County *Schuyler*Registration District No. *806*File No. *22821*Township *Prarie*Primary Registration District No. *445*

Registered No. _____

City *Queen City Mo* (No. _____) St. _____ Ward _____2. FULL NAME *Margaret Reindel*

(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 *15* yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female*4. COLOR OR RACE *White*5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Maied*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Spunster*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 17 - 18. 64*

7. AGE

YEARS *70*MONTHS *5*DAYS *6*

If LESS than 1 day, hrs. or min.

OCCUPATION

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

General House Work

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 *life*12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

MOTHER FATHER

13. NAME *John Philip Reindel*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miester Germany*15. MAIDEN NAME *Anna M. Keberer*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Geeglinger Germany*17. INFORMANT *Fred Reindel*(ADDRESS) *Queen City Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Queen City Cemetery* DATE *6/24* 19*34*19. UNDERTAKER *Mrs. N. West*(ADDRESS) *Queen City Mo*20. FILED *6/29/34* 19*34*Registrar *J. J. Jones*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 23 1934*22. I HEREBY CERTIFY, that I attended deceased from *June 1928* to *June 23 1934*Last saw her alive on *June 23 1934*. Death is said to have occurred on the date stated above, at *3:50 P.M.*

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

*Diabetes*Date of onset *1928*

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? *Hemms* 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*34*

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) *O. P. Brown*(Address) *Queen City Mo*

