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.

SEP 12 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 — File No.: 28334

Township: — Primary Registration District No.: 1001 — Registered No.: 117

City: St. Joseph, (No. 1115 No. 12th. St. St. Ward)

2. FULL NAME: Flora Riemeier

(a) Residence, No. 1115 No. 12th. St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Single |

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1866

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 68 | 2 | 12 | |

OCCUPATION

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

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) Cincinnati. Ohio.

FATHER

13. NAME Herman Riemeier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany.

MOTHER

15. MAIDEN NAME Sophia Godeka

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany.

17. INFORMANT (ADDRESS) Miss Amelia Riemeier 1115 No. 12th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE Aug. 10 1934

19. UNDERTAKER (ADDRESS) Walter Meinhofer 1302 Faraon St. St. Joseph Mo.

20. FILED 8-8 1934 John R. Reuter Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1934, to Aug 7, 1934
I last saw her alive on Aug 5, 1934 Death is said to have occurred on the date stated above, at 8.00 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset Months |
|---|---|
| Carcinoma of Ovary | |
| Carcinoma metastatic peritoneum | |

Other contributory causes of importance:

Name of operation 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) J. T. Fuson, M. D.
(Address) Kirkpatrick Bldg. St. Joseph, Mo.