

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.

DEC 18 1934

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

Do not use this space.

1. PLACE OF DEATH
 25 County Crawford Registration District No. 230
 Township Repton Primary Registration District No. 5312
 City Crawford (No. _____) St. _____ Ward _____

2. FULL NAME Elizabeth L. Rieger
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 38944
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21st 1851

7. AGE YEARS 83 MONTHS 1 DAYS 1 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as planer, 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) Missouri

FATHER
 13. NAME George Fick
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) W. C. Gorg. Cuba, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Upon Mo. DATE 11/25/34 1934

19. UNDERTAKER (ADDRESS) John T. Haggerty Cuba, Mo.
 20. FILED Dec 1, 1934 G. J. A. Grogan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23rd 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 7th 1934 to Nov 23rd 1934
 I last saw her alive on Nov 24, 1934 Death is said to have occurred on the date stated above, at 9:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
97
 Other contributory causes of importance:
97

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) Guatarus G. A. Gorg, M. D.
 (Address) Cuba, Mo.

