

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.

FEB 25 1935

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

Do not use this space.

1088

1. PLACE OF DEATH

County Iron Registration District No. 391
Township Acacia Primary Registration District No. 4230
City Ironton (No. _____) St. _____ Ward _____

File No. _____
Registered No. 1

2. FULL NAME

William Rieke

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Anna Rieke (nee Oberly)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6, 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>83</u>	<u>11</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Retired Business
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) Germany

13. NAME Andreas Rieke

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

15. MAIDEN NAME Louise Lange

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

17. INFORMANT Ernst Rieke (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Middlebrook Cem. DATE Jan 6 1935

19. UNDERTAKER Acacia Valley and Co (ADDRESS) Rieke & Sons

20. FILED Jan 8 1935 R. A. Rasche Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1935, to Jan 5 1935
I last saw h. im alive on Jan 5 1935. Death is said to have occurred on the date stated above, at 7 A. M.
The principal cause of death and related causes of importance were as follows:

Hemorrhage Cerebral
Arterio-Sclerosis
Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? None 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) Chas. G. _____ M. D.
(Address) Ironton, Mo.

