

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

Do not use this space.

7222

MAR 5 1935

1. PLACE OF DEATH

County _____ Registration District No. **791**
 Township _____ Primary Registration District No. **1008**
 City St. Louis (No. Bannock) St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. W.P. Ward Hannibal, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred _____ yrs. mos. 30 ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Caroline Raible

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 5 4

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) Hannibal Mo.

13. NAME Jacob Raible

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

15. MAIDEN NAME unknown

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

17. INFORMANT Joseph C. Raible
 (ADDRESS) Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hannibal Mo. DATE 2-18 1935

19. UNDERTAKER Albert H. Hoppe Inc.
 (ADDRESS) 429 N. Euclid Ave.

20. FILED 18 1935 J. P. Bredeck
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 1935

22. I HEREBY CERTIFY, That I attended deceased from January 19, 1935, to February 16, 1935.
 I last saw him alive on Feb 16, 1935. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Undulant fever.

Other contributory causes of importance:
Prostatic hypertrophy
Deafity
Pneumonia

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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?
 If so, specify _____

(Signed) C. A. Good Jr. M. D.
 (Address) Barnes Hospital

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

