MAY 21 1935

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

Do not use this space.

File No. 11973
Registered No. 402

1. PLACE OF DEATH
County: Buchanan
Registration District No. 85
Township:
Primary Registration District No. 1001
City: St. Joseph. (No. 6030 Gordon St. St. Ward)

2. FULL NAME: Charles Reys.
(a) Residence, No. 6030 Gordon St. St., 10 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.

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: Cora Reys.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 28, 1871.
7. AGE: Years 63 Months 7 Days 7 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Coach body maker.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Proprietor.
10. Date deceased last worked at this occupation (month and year): March, 1935.
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alsace - Loraine Germany.

FATHER
13. NAME: Michael Reys.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Germany~~ Unknown Germany

MOTHER
15. MAIDEN NAME: Katherine Dichtenmilke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Germany~~ Unknown Germany

17. INFORMANT: Mrs. Cora Reys.
(ADDRESS) 6030 Gordon St. St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park Cem DATE: April 9, 35
19. UNDERTAKER: Clark Mortuary
(ADDRESS) 5025 King Hill Ave.
20. FILED: APR 6 1935, 19 John L. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 5, 1935, 19
22. I HEREBY CERTIFY, That I attended deceased from March 27, 1935, to April 5, 1935
I last saw him alive on April 5, 1935. Death is said to have occurred on the date stated above, at 10:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	April 5
Other contributory causes of importance: Acute Lobar Pneumonia	about March 27, 1935

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) W. A. Robertson, M. D.
(Address) St. Joseph Mo

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

APR 11 1945