

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.

001 2 2 1935

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

Do not use this space.

12249-2

1. PLACE OF DEATH

County Clark Registration District No. 191
Township Falker Primary Registration District No. 5272
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Fredrick Wm Reitz

(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

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 Mable Reitz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 1879

7. AGE YEARS MONTHS Ds If DEAS than 1 day, hrs. or min.
55 11 9

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

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

10. Date deceased last worked at this occupation (month and year) April 1935 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lava, Iowa

13. NAME Henry H. Reitz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

15. MAIDEN NAME Matilda Vornkall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lava, Iowa

17. INFORMANT (ADDRESS) Mr. Oliver Reitz, Falker Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Embury C. Lawn DATE April 19 1935

19. UNDERTAKER (ADDRESS) Gettingher, Falker Mo.

20. FILED April 17 1935 R. G. Callahan Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1935

I HEREBY CERTIFY That I attended deceased from June 1 1934 to April 15 1935
I last saw him alive on April 30 1935 Death is said to have occurred on the date stated above, at _____ m.

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

Other contributory causes of importance:
AWB

Name of operation _____ Date of _____
What test confirmed diagnosis? Urinal 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) M. G. Callahan, M.D. (Address) Falker, Mo.

