SEP 18 1935

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

Do not use this space.

25793

1. PLACE OF DEATH
County Cape Registration District No. 125 File No.
Township Primary Registration District No. 3009 Registered No. 223
City Cape Girdeau (No. St. Francis Hospital St. Ward)

2. FULL NAME Benjamin E. Unterreiner
(a) Residence, No. Perryville Mo. St., Ward. Perryville 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. 2 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1907
7. AGE YEARS 27 MONTHS 8 DAYS 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm-hand
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) Perry Co. Mo.

FATHER
13. NAME Henry Unterreiner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

MOTHER
15. MAIDEN NAME Mary Shreny
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

17. INFORMANT (ADDRESS) Henry Unterreiner Perryville Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Boniface DATE Aug. 17, 1935
19. UNDERTAKER (ADDRESS) Bey Und. Co. Perryville Mo.
20. FILED 8/15/1935 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1935
22. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1935, to Aug. 15, 1935
I last saw him alive on Aug. 15, 1935. Death is said to have occurred on the date stated above, at 8:10 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

INTESTINAL OBSTRUCTION

Other contributory causes of importance:

Congenital Stenosis of Ileum

Name of operation ENTEROSTOMY Date of 8/15/35
What test confirmed diagnosis? Was there an autopsy?

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) A. Smith, M. D.
(Address) Cape Girardeau 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.