

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

Do not use this space.

33106

1. PLACE OF DEATH

County Carroll
Township Mineral
City W.B. Hospital (No.)

Registration District No. H13
Primary Registration District No. 5559C

File No.
Registered No. 48
St. Ward)

2. FULL NAME

(a) Residence, No. St., 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. / 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Separated</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 6-1889</u>		
7. AGE	YEARS	MONTHS
	<u>46</u>	<u>5</u>
		DAYS
		<u>28</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>
	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) Hannan

13. NAME Fred Reemon

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

15. MAIDEN NAME Bell Withorn

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

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Marion cemetery DATE Oct 5, 1935

19. UNDERTAKER (ADDRESS) Allen V. Gears
Newport Mo.

20. FILED Oct 7, 1935 Harry A. Weaver
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1934, to Oct 3, 1935

I last saw him alive on Oct 3, 1935 Death is said

to have occurred on the date stated above, at 6:25 m.

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

Pulmonary Tuberculosis
Tubercular Enterocolitis
Other contributory causes of importance:

Name of operation 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 John C. Deegman, M. D.

(Signed) John C. Deegman, M. D.
(Address) 2100 E. 1st St. St. Louis, Mo.

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

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.

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