DEC 19 1935

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

36595

1. PLACE OF DEATH
County Lincoln — Registration District No. 492 — File No. 283
Township Monroe — Primary Registration District No. 5-6-2 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME William L. Reller
(a) Residence, No. Ethlyn St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 9 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 X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18 - 1935
7. AGE YEARS MONTHS DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ethlyn

FATHER
13. NAME Wm Reller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co Mo

MOTHER
15. MAIDEN NAME Burkemper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Mo

17. INFORMANT (ADDRESS) Wm Reller Ethlyn Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Old Monroe Mo. DATE 11/29 1935
19. UNDERTAKER (ADDRESS) Wehde & Keithly Old Monroe Mo.
20. FILED 11-29 1935 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28 1935, to Nov. 28-1935, 1935
I last saw him alive on Nov. 28, 1935 Death is said to have occurred on the date stated above, at 1 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (7½ mos.)	

Other contributory causes of importance:

Name of operation ..... 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? .....
If so, specify .....
(Signed) J. C. Creech, M. D.
(Address) Troy 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.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.