

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

JAN 27 1936

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40359

1. PLACE OF DEATH

County *Moniteau*

Registration District No. *571*

File No. _____

Township *Walker*

Primary Registration District No. *4335*

Registered No. *80*

City *California*

St. _____ Ward _____

2. FULL NAME

Charles Reusser

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 19 - 1860*

7. AGE YEARS *75* MONTHS *3* DAYS *26* If LESS than 1 day, _____ hrs. or _____ min.

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. _____
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) *Switzerland*

13. NAME *Carl Reusser*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Switzerland*

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Switzerland*

17. INFORMANT (ADDRESS) *Mrs Clarence Stapp*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Evangelical Cem* DATE *12/17/35*

19. UNDERTAKER (ADDRESS) *Helligers & Friedmeyer* *California Mo*

20. FILED *Dec 17 1935* *H.P. Opey* Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from *May 1 1935* to *Dec 15 1935*

I last saw *him* alive on *Dec 15 1935* Death is said to have occurred on the date stated above, at *4:30 p.m.*

The principal cause of death and related causes of importance were as follows:
Hypertrophy Prostate Gland. (Cause unknown) Cystitis, Nephritis

Other contributory causes of importance: _____

Name of operation *Dec 15 1935* Date of *Dec 15 1935*
What test confirmed diagnosis? *yes* 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) *L. S. Latham* M. D.

(Address) *California Mo*

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY

1. PLACE OF DEATH

County Monteau
Township
City California

Registration District No. 571
Primary Registration District No. 4335

File No.
Registered No.
St. Ward)

2. FULL NAME

Chas Reusser

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS
75 3 28
IF LESS than 1 day, hrs. or min.

OCCUPATION
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.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED 12-17-1936 A. R. Popojay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 19.. to 19..

I last saw h. alive on 19.. 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:

Hypertrophy prostate
Bladder Cancer
Nephritis
Chronic cause
Unobvious

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (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 L. L. Latham, M. D.
(Signed) California
(Address)

5-40359