

JAN 21 1936

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

Do not use this space.

1. PLACE OF DEATH

County Wayne  
Township Cedar Creek  
City Travelton

Registration District No. 893  
Primary Registration District No. 61959

File No. 42307  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John Henry Rieckman

(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

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 Dorah A. Rieckman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15 1949

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
86 10 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Mar. Margmaud, Mo  
(STATE OR COUNTRY) Madison Co.

13. NAME James E. Rieckman

14. BIRTHPLACE (CITY OR TOWN) NOOD C. WASHINA  
(STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Whitman

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

17. INFORMANT John F. Rieckman  
(ADDRESS) Castor, Mo.

18. BURIAL, CREMATION, OR REMOVAL Margmaud Mo  
PLACE Rieckman Cem. DATE 12-25 1935

19. UNDERTAKER Ed St. Man  
(ADDRESS) Margmaud

20. FILED 119 1936 J. F. Pauline Mo  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1935

22. I HEREBY CERTIFY That I attended deceased from 12-10 1935 to 12-23 1935

I last saw him alive on 12-23 1935 Death is said

to have occurred on the date stated above, at 11:55 P. m.

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

Mitral Stenosis

Date of onset

Other contributory causes of importance:

His age

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_

(Signed) Adam F. Wagner, M. D.

(Address) Travelton, 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.

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

