MAR 16 1936

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

Do not use this space.

4673

1. PLACE OF DEATH
County Buchanan, Registration District No. 85
Township Primary Registration District No. 1004
City St. Joseph, (No. 2933 Olive St. Ward)

File No.
Registered No. 217

2. FULL NAME Herman F. Reents,
(a) Residence, No. 2933 Olive St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

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 Christena Reents,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 6, 1859

7. AGE: YEARS 76 | MONTHS 6 | DAYS 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
10. Date deceased last worked at this occupation (month and year) February 1930
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Olenburg, Germany,

FATHER
13. NAME Hirich Reents,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

MOTHER
15. MAIDEN NAME Etta Johnson,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

17. INFORMANT (ADDRESS) Mrs. Herman F. Reents 2933 Olive Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE Feb'y 18th, 36

19. UNDERTAKER (ADDRESS) Heaton-Bigole & Bowman 319 So. 10th. St. - Funeral Home

20. FILED ....., 19.... John R Bender Registrar.

FEB 19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 16th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1936, to Feb 16, 1936
I last saw him alive on Feb 16, 1936 Death is said to have occurred on the date stated above, at 10:10 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocardial Insufficiency — Date of onset unknown

Other contributory causes of importance: none

Name of operation None 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? No
If so, specify ✓
(Signed) Gustav N Lau, M. D.
(Address) Kirkpatrick Bldg St Joseph 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.