

MAY 20 1936

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

Do not use this space.

14738

1. PLACE OF DEATH

County FranklinRegistration District No. 296Township UnionPrimary Registration District No. 5413
~~Washington, Mo.~~
 No. Rt. 0 81

File No.

Registered No.

St. Ward)

2. FULL NAME

Archie Marie Reuber

(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 76 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u> <u>wife of deceased Henry Reuber</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 11 1860</u>		
7. AGE	YEARS	MONTHS
	<u>76</u>	<u>1</u>
		<u>11</u>
	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. <u>House work</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1935</u>	11. Total time (years) spent in this occupation <u>11</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gildekeban</u> <u>Wis.</u>		
MOTHER	13. NAME <u>Joseph, Johannsman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Katie Gbersmith</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Joe J. Reuber</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>St. John Cemetery</u> DATE <u>April 28 1936</u>		
19. UNDERTAKER <u>Pieburg & Co. Inc.</u>		
(ADDRESS) <u>Washington, Mo.</u>		
20. FILED <u>May 6 1936</u> <u>John P. Marshall</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>4/25 1936</u>
22. I HEREBY CERTIFY, That I attended deceased from	<u>4/21 1936</u> to <u>4/25 1936</u>
I last saw <u>her</u> alive on <u>4-25 1936</u>	Death is said to have occurred on the date stated above, at <u>4:05 p.m.</u>
The principal cause of death and related causes of importance were as follows:	
<u>Myocarditis</u>	Date of onset <u>10 yrs</u>
<u>Senility</u>	
<u>93 yrs</u>	
Other contributory causes of importance:	
Name of operation	Date of
What test confirmed diagnosis? <u>Obit.</u> Was there an autopsy?	
23. If death was due to external causes (violence), fill in also the following:	
Accident, suicide, or homicide?	Date of injury
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) <u>J. Marshall</u>	M. D.
(Address) <u>Union, Mo.</u>	

WRITE CLEARLY, 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.

