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.

DEC 18 1936

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

Do not use this space.

40798

1. PLACE OF DEATH
County: Cooper.
Registration District No.: 222
Township: Pilot Grove
Primary Registration District No.: 4135
City: Pilot Grove (No. ..., ... St. ... Ward)
File No. 17
Registered No.

2. FULL NAME: Andrew Ries.
(a) Residence, No. Pilot Grove St. Mo Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. 4 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Marie M. Ries.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec-8-1854

7. AGE: Years 81 | Months 11 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

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.: Same.
10. Date deceased last worked at this occupation (month and year): Sept-25-1936
11. Total time (years) spent in this occupation: 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Balingen-Baden Germany.

FATHER
13. NAME: Jacob Ries.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

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

17. INFORMANT: John Ries.
(ADDRESS): Pilot Grove Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Paul-Ev-Cem. DATE: 11-17, 1936

19. UNDERTAKER: Hays-Stoecklein
(ADDRESS): Pilot Grove Mo.

20. FILED: Nov. 16, 1936 Mrs. E. B. McCutcheon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 —, 1936, to Nov 15, 1936.
I last saw h... alive on Nov 15, 1936. Death is said to have occurred on the date stated above, at 12 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Hypostatic)	11/14

Other contributory causes of importance: Senility Arteriosclerosis

Name of operation: Date of:
What test confirmed diagnosis: 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, 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) Chas Gandy, M. D.
(Address) Pilot Grove Mo