

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

Do not use this space.

1. PLACE OF DEATH.

County Livingston
 Township Green
 City _____ (No. _____ St. _____ Ward _____)

Registration District No. 512
 Primary Registration District No. 5682

File No. 48636
 Registered No. _____

2. FULL NAME Infant of Everett Riedl

(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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 1936

7. AGE YEARS MONTHS DAYS 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) Livingston

FATHER 13. NAME Everett Riedl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Heard, Mo

MOTHER 15. MAIDEN NAME Edith Cain

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Heard, Mo

17. INFORMANT (ADDRESS) E. Riedl, Moreauville Mo R.F. #

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE 7-14 1936

19. UNDERTAKER (ADDRESS) P. B. Norman, Chillicothe Mo

20. FILED July 14, 1936 Dana Carpenter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1936

22. I HEREBY CERTIFY, That I attended deceased from at birth, 19—, to —, 19—. I last saw him alive on —, 19—. Death is said

to have occurred on the date stated above, at 6 P.M.. The principal cause of death and related causes of importance were as follows:

Born dead cause unknown

Other contributory causes of importance:

Name of operation None 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) D. W. Carpenter, M. D.
 (Address) Chillicothe 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.

