

FEB 15 1937

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

Do not use this space.

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1. PLACE OF DEATH
 County Benton Registration District No. 59
 Township _____ Primary Registration District No. 4034
 City Cole Camp (No. _____) St. _____ Ward _____

2. FULL NAME Otto Riemenschmitter
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Katy Riemenschmitter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 25th 1877</u>		
7. AGE <u>59 YEARS</u>	<u>4 MONTHS</u>	<u>7 DAYS</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Banker</u>		
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) <u>New York City N.Y.</u>		
13. NAME <u>Chas. Riemenschmitter</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Frankfort of Mein Germany</u>		
15. MAIDEN NAME <u>Philliphina Selzer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Mrs Katy Riemenschmitter</u> (ADDRESS) <u>Cole Camp Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St raul Cemetary</u> DATE <u>2-3-37</u>		
19. UNDERTAKER <u>E L Eickhoff</u> (ADDRESS) <u>Cole Camp Mo</u>		
20. FILED <u>Feb 2 1937</u> <u>Sue Selover</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 31st 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-1-36 to 1-31-37, 1937
 I last saw ~~him~~ alive on 1-31-37, 1937. Death is said to have occurred on the date stated above, at 8:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Myocarditis
 Date of onset _____

Other contributory causes of importance Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis clinical Was there an autopsy? Yes

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? Yes
 If so, specify _____
 (Signed) [Signature] M. D.
 (Address) Cole Camp Mo

N.B.—Every item of information should be carefully supplied. AGE KNOWN OR SUSPECTED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. CAUSE OF DEATH IN plain terms, so that it may be properly classified.

