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.

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

Do not use this space.

JUN 18 1937

1. PLACE OF DEATH
County Franklin
Township Union
City ..... (No. ....., ..... St. ..... Ward)

Registration District No. 296 54 12
Primary Registration District No. 4180

File No. 10058
Registered No. .....

2. FULL NAME Wm. H Rehagen
(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: 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: Olivia A. Rehagen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 16, 1868

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 68 | 6 | 1 | |

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. Farm
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): Westphalia, Missouri

FATHER
13. NAME Frank W. Rehagen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME Catherine Abemeyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington, Missouri

17. INFORMANT (ADDRESS): Mrs. Olivia A. Rehagen, Union, Mo. RFD #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union, Mo. DATE May 20 1937

19. UNDERTAKER (ADDRESS): Union Furn. Co. (WH Horn), Union, Missouri

20. FILED May 1937 J. Marshall M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3 30 p.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance: 9381

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? Not Date of injury ....., 19....
Where did injury occur? On his farm (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
At Home on farm
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Thos. P. Shaffer Coroner M.D.
(Address) Sullivan Mo