

AUG 19 1937

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

Do not use this space.

26705

1. PLACE OF DEATH

County Buchanan.Registration District No. 85

Township

Primary Registration District No. 1001City St. Joseph.(No. 909 North 17th St.)

File No.

Registered No. 793St. 1 Ward)2. FULL NAME James A. Reiplinger.(a) Residence, No. 909 North 17th St. St. 1 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs 11 mos. 1 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 OFAda Reiplinger.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 13, 1876.

7. AGE

60

YEARS

11

MONTHS

1

DAYS

1If LESS than 1
day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Trap Setter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

U.S. Government.

10. Date deceased last worked at this occupation (month and year)

July 9, 1937.

11. Total time (years) spent in this occupation

1 Mon

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Joseph
Missouri.

13. NAME

Peter Reiplinger.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Colon
Germany.

15. MAIDEN NAME

Maggie Horner.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kingston
Canada.

17. INFORMANT (ADDRESS)

Mrs Ada Reiplinger.
909 North 17th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Mt. Mora Cemetery
St. Joseph, Mo. DATE July 16, 1937

19. UNDERTAKER (ADDRESS)

H. O. Sidenfaden & Son.
1802 Union St. St. Joseph Mo.

20. FILED

7-15 1937 A. J. Wetzel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 193722. I HEREBY CERTIFY, That I attended deceased from 7-12, 1937, to 7-14, 1937I last saw him alive on 7-14, 1937. Death is saidto have occurred on the date stated above, at 11:00 a. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis ReDate of onset
7-10-37

Other contributory causes of importance:

Over heated7-10-37Name of operation myocardectomy Date of 7-10-37What test confirmed diagnosis? specimen Was there an autopsy? no23. 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 124. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) H. W. Kearby, M. D.(Address) St. Joseph 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.

