

REC'D MAY 11 1938

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

Do not use this space.

15457

1. PLACE OF DEATH

County

Oregon

Registration District No.

641

Township

Jackson

Primary Registration District No.

5850

City

(No. _____)

St.

Ward

2. FULL NAME

Margret Reker 210

(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

Female

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

John Reker sr.

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

Jan 3-1867

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

76

3

27

OCCUPATION

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

House keeper

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)

Richfontain Mo

FATHER

13. NAME

Courad Hertzog

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

Germany

MOTHER

15. MAIDEN NAME

Elizabeth Gradel

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

Germany

17. INFORMANT (ADDRESS)

John Reker Falk Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Falk Mo

DATE

Apr 28 1938

19. UNDERTAKER (ADDRESS)

Herman H Strass

20. FILED

Apr 26 1938

Robert Prater Registrar

MEDICAL CERTIFICATE OF DEATH

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

April 25th 1938

22. I HEREBY CERTIFY, That I attended deceased from

January 25th 1938, to April 25th 1938

(last saw her alive on *April the 25th 1938*. Death is said

to have occurred on the date stated above, at *8:30* a.m.

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

*Heart Disease
Aortic regurgitation*

Date of onset

Other contributory causes of importance

Senility + Lagripse

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

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?

If so, specify

(Signed)

*Henry E. Merus M. D.
Meta Mo.*

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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.

