

WED JUL 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County Osage
Township
City Chambers (No. 3)

Registration District No. 639
Primary Registration District No. 5848

File No. 22569
Registered No. 3410
St. Ward

2. FULL NAME

(a) Residence, No. Louis Raymond Reithmeyer St. Ward.

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 - 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 1 8

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

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 0

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

13. NAME John Henry Reithmeyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasconade County Mo

15. MAIDEN NAME Sarah Breden

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

17. INFORMANT A. J. Gault (ADDRESS) Lincoln

18. BURIAL, CREMATION, OR REMOVAL PLACE Oklahoma DATE July 4, 1938

19. UNDERTAKER W. J. Stockebeck (ADDRESS) Chambers Mo

20. FILED July 4, 1938 Esther Borden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1938

22. I HEREBY CERTIFY That I saw deceased from July 2, 1938, to July 2, 1938

I last saw him alive on July 2, 1938, Death is said

to have occurred on the date stated above, at 6:00 m.

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

Showned Accidentally

Other contributory causes of importance:

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 Accident Date of injury July 2, 1938

Where did injury occur? Chambers Mo (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 W. J. Stockebeck (Signed) Chambers M. D.

(Address) Frederick, Missouri

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

22569
Do not use this space.

1. PLACE OF DEATH

(a) County Osage Registration District No. 639
 (b) Township..... Primary Registration District No. 4383 Registered No.....
 (c) City Chambers (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Louis Raymond Ruthmeyer St.
 (Usual place of abode, if no street address, write county or city) (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) single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 1 8

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1938

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.....m.

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

Drowned accidentally while in swimming boat.

Other contributory causes of importance: 18

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 accident Date of injury....., 19.....

Where did injury occur? Chambers (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) J. Rodmacher

(Address) Freeburg

SUPPLEMENT

6. FOR CHARGE SMALL NOT RECEIVE A FEE FOR CERTIFICATION UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

