

REC'D JAN 6 1939

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

Do not use this space.

44071

1. PLACE OF DEATH

County Perry Registration District No. 657
Township Brazos Primary Registration District No. 5874
City Brazos Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Miss Louise Justine Reiss
(a) Residence, No. Brazos Mo. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-6-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 9 20

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

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) 11-1-38 11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Apperuck Mo!

13. NAME Alex Comtois

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

15. MAIDEN NAME Burgott

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

17. INFORMANT Sty Reiss (ADDRESS) Brazos Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Apperuck Mo DATE Nov. 25 - 1938

19. UNDERTAKER Bey Funeral Home (ADDRESS) Paris Mo.

20. FILED 11-27-1938 Walter G. Schmidt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-26, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1934, to 11-26, 1938

I last saw him alive on Nov 8, 1938. Death is said to have occurred on the date stated above, at 11:30 p. m.

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

Epilepsy Date of onset 6-20-38

Other contributory causes of importance: Convulsions

Name of operation none 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 _____, 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? no

If so, specify _____ (Signed) W. P. Palisch, M. D.

(Address) Brazos 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.

1948

MEMORANDUM FOR THE RECORD

SUBJECT: [Illegible]

[The remainder of the page contains extremely faint and illegible text, likely a memorandum or report.]

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

44091
Do not use this space.

1. PLACE OF DEATH

(a) County Perry Registration District No. 657
 (b) Township Brazeau Primary Registration District No. 3804 Registered No.
 (c) City (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 Louise Justine Reiss

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m

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. ormin.
73 9 20

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 11-27 1938 Adolph G. Schmidt Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-26, 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:

Date of onset

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? 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?

If so, specify (Signed) Ed Palisch, M. D.

(Address) Graham

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

