

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

Do not use this space.

FILED MAY 2 1940

1. PLACE OF DEATH

County Shannon 2 Registration District No. 1074
 Township Burlett 6 Primary Registration District No. 6-12
 City 200 Helen Reick (No. _____) St. _____ Ward _____

File No. **16265**
 Registered No. _____

2. FULL NAME

(a) Residence, No. Shannon - rural 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
93 1 3

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

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) Germany 6

13. NAME Unknown 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

15. MAIDEN NAME Unknown 6

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

17. INFORMANT (ADDRESS) Henry Chaney
Birch Tree Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Salem DATE 3/19 40

19. UNDERTAKER (ADDRESS) John Dunbar
Mt View Mo

20. FILED 3-19- 19 40 Frank Toyde Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him/her alive on _____, 19____. Death is said

to have occurred on the date stated above, at 8:15 P. m.

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

Infirmities of age
Did not attend

Other contributory causes of importance: 162

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) R. J. Davis, M. D.

744 (Address) Birch Tree Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 61

District File Number 440.521

Date Filed 42440