

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

Do not use this space.

421

85

15821

1. PLACE OF DEATH

County Buchanan

Registration District No. 1001

File No. 573

Township St. Joseph

Primary Registration District No. State Hosp. H 2

Registered No. 573

City St. Joseph (No. State Hosp. H 2)

St. Richmond Mo Ward

2. FULL NAME

(a) Residence, No. St., Ward. Richmond Mo
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

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 OF Blanche Reyeburn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 - 1860

7. AGE YEARS 74 MONTHS 3 DAYS 28 IF LESS than 1 day, hrs. or min.

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

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) Mo. Webster

FATHER 13. NAME A. K. Reyeburn

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

MOTHER 15. MAIDEN NAME Palmetia Griffin

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

17. INFORMANT Records, State Hospital (ADDRESS) St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo DATE May 17, 1934

19. UNDERTAKER Walter Mociachoffe (ADDRESS) 1302 Parkway of St. Joseph Mo

20. FILED 5-14-34 John R. Bender Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-19, 1934, to May 13, 1934. I last saw him alive on May 12, 1934. Death is said to have occurred on the date stated above, at 6:55 a. m.

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

930
Chronic Myocarditis
97
with
Other contributory causes of importance:
General Arteriosclerosis
with Psychosis

Date of onset

4/19/34

5/17/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

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. J. R. Beach (as per Smith), M. D.

(Address) State Hospital #2
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.

JUN 20 1934

FEB 1950