

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

Do not use this space.

40740  
~~10713~~

**1. PLACE OF DEATH**

County *Moniteau*  
Township *Flavitt*  
City (Name) .....

Registration District No. *576*  
Primary Registration District No. *5773*

File No. ....  
Registered No. *14* .....

**2. FULL NAME**

*Dr. J. C. Reichel*  
(a) Residence No. *High Point No.*  
(Usual place of abode) .....

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

**PERSONAL AND STATISTICAL PARTICULARS**

**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 *Beth Reichel*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug. 6th 1864*

7. AGE YEARS MONTHS DAYS | IF LESS than 1 day, hrs. or min.  
*68* | *4* | *70*

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *Veterinary 218*  
(b) General nature of industry, business, or establishment in which employed (or employer) *Surgeon*  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) *Centertown*  
(STATE OR COUNTRY) *Moniteau Co. Mo.*

PARENTS

10. NAME OF FATHER *John Reichel*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Germany*  
(STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER *Reicha Willheuer*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Germany*  
(STATE OR COUNTRY) .....

14. INFORMANT *J. C. Reichel*  
(Address) *High Point, Mo.*

15. FILED *1-10-33* *Wm. H. Finke*  
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec. 12 1932*

17. I HEREBY CERTIFY, That I attended deceased from *Dec 9 1932* to *Dec 12 1932*, and that I last saw him alive on *Dec 9 1932*, and that death occurred, on the date stated above, at *1 a.* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Apoplexy*  
(duration) yrs. mos. ds. *3 ds.*  
CONTRIBUTORY (SECONDARY) *gout*  
(duration) yrs. mos. ds. .....

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) *W. L. Leslie* M. D.  
, 19 (Address) *Russellville Mo.*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *High Point Woodman Cem.* DATE OF BURIAL *12-13 1932*

20. UNDERTAKER *William & Frederickson* ADDRESS *California 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.

RECORD

