

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

Do not use this space.

REC'D APR 21 1938

1. PLACE OF DEATH

69 County Monteau
 Township Lynn
 City (No. _____) St. _____ Ward _____

Registration District No. 574
 Primary Registration District No. 5772A

File No. 11514
 Registered No. _____

2. FULL NAME

Elizabeth Emeline Reimler 546

(a) Residence No. _____ 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 widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 3 19

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

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) Missouri

FATHER 13. NAME James Reynolds

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

MOTHER 15. MAIDEN NAME Ellen Francis

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

17. INFORMANT (ADDRESS) Mrs Porter Harbor

18. BURIAL, CREMATION, OR REMOVAL PLACE Heckam Cem. DATE 3/27 38

19. UNDERTAKER (ADDRESS) Albert Hornbeck
Prairie Home, Mo.

20. FILED April 2 1938 Mrs Abbie Cress Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23 1938

22. I HEREBY CERTIFY, That I attended deceased from Jun 2 1938 to 3-23 1938
 I last saw him alive on 3-15 1938 Death is said to have occurred on the date stated above, at 99 m.

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

Cancer of Neck Bladder Date of onset unknown

Other contributory causes of importance: 53-

Name of operation Radium neck Date of 4/20/38
 What test confirmed diagnosis Bladder Was there an autopsy? Yes

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) A. E. Wurdeth M. D.
Prairie Home Mo
 506 (Address)

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

50M-1002-36 I 20314

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.

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