

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.

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

Do not use this space.

25815

1. PLACE OF DEATH

County Pemiscot
Township Little Prairie
City Camden (No. _____)

Registration District No. 661
Primary Registration District No. 4388

File No. _____
Registered No. 91
St. _____ Ward _____

2. FULL NAME

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
Edhel Reiney
WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
51 1 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing store
10. Date deceased last worked at this occupation (month and year) 7-8-31 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) Humboldt
(STATE OR COUNTRY) Iowa

13. NAME Samuel Wilson Reiney

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

15. MAIDEN NAME Nannie Senter

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

17. INFORMANT Mrs Edhel Reiney
(ADDRESS) Camden, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Little Prairie Cemetery DATE 7-8-31

19. UNDERTAKER J. L. La Forge
(ADDRESS) Camden, Mo.

20. FILED Aug. 8, 1931 Ada Martin
Registrar.

3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-8-31

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

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

to have occurred on the date stated above, at 11:45 a.m.

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

Cerebral Hemorrhage
(Instant death)
758
162

Other contributory causes of importance:

Senility & Alcoholism

Name of physician _____ 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?

If so, specify _____

(Signed) James P. Vickrey, M. D.

(Address) Camden, Mo.

1944