APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH
County _Moniteau_
Township _Walker_
City _California_ (No. ____ St. ____ Ward.)

Registration District No. _571_
Primary Registration District No. _4335_

File No. _12684_
Registered No. _15_

2. FULL NAME _James Edward Reichel_

(a) Residence, No. ____ St., ____ Ward.
(Usual place of abode)
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.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3. SEX _Male_
4. COLOR OR RACE _W_
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _Married_

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF _Kathryn Reichel_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Sept 13 - 1870_

7. AGE
YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
66	6	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) _Cole Co. Mo_

FATHER
13. NAME _Henry Reichel_
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Moniteau Co_

MOTHER
15. MAIDEN NAME _Elizabeth Gleom_
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Moniteau Co_

17. INFORMANT (ADDRESS) _Mrs Rudy Katchman_ _California Mo_

18. BURIAL, CREMATION, OR REMOVAL
PLACE _Crown Hill Cem_ DATE _3/24_ 19 _37_

19. UNDERTAKER (ADDRESS) _Williams & Friedmeyer_ _California Mo_

20. FILED _3-25_ 19 _37_ _H.R. Dorehy_ Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _March 22_, 19 _37_

22. I HEREBY CERTIFY, That I attended deceased from _Jan 10_, 19 _37_, to _March 22_, 19 _37_
I last saw h__ alive on _March 22_, 19 _37_. Death is said to have occurred on the date stated above, at _3:36 P_ m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset ____

Other contributory causes of importance:

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) _H. R. Dorehy_, M. D.
(Address) _California Mo_