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

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.

17619

1. PLACE OF DEATH
County Franklin — Registration District No. 297 — File No.
Township Washington — Primary Registration District No. 6016 — Registered No. 76
City Washington (No. ..... St. ..... Ward)

2. FULL NAME Norman Rudolph George Riegel
(a) Residence, No. 415 Franklin St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 2 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 3-1931
7. AGE: YEARS 0 — MONTHS 1 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
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): Washington Mo.

FATHER
13. NAME: George Riegel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Krakow Mo.

MOTHER
15. MAIDEN NAME: Alice Crews
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gerald Mo.

17. INFORMANT (ADDRESS): George Riegel, Washington, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Catholic Cem. DATE: 5/31/31, 19
19. UNDERTAKER (ADDRESS): Nieburg & Vitt, Washington Mo.
20. FILED May 29, 1931 — A. L. Munch, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 28, 1931
22. I HEREBY CERTIFY, That I attended deceased from May 28, 1931, to May 28, 1931
I last saw him alive on May 28, 1931. Death is said to have occurred on the date stated above, at 4:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Don't know	
200B	
200B	

Other contributory causes of importance: Don't know (1)

Name of operation: None — 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? no — 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) R. R. Cutler, M. D.
(Address) Washington Mo.