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.

SEP 26 1933

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

Do not use this space.

26294

1. PLACE OF DEATH

47 County Iron — Registration District No. 391 — File No.

Township Arcadia — Primary Registration District No. 5546a — Registered No. 41

City ..... (No. ..... St. ..... Ward)

2. FULL NAME John Reyburn

(a) Residence, No. ..... 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. 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about — 1860

7. AGE about 73 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Bellevue Mo.

FATHER
13. NAME William Reyburn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo.

MOTHER
15. MAIDEN NAME Betty Petty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellevue Mo.

17. INFORMANT (ADDRESS) E. M. Logan Bellevue, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE County Farm, DATE Aug. 24 1933

19. UNDERTAKER (ADDRESS) S. E. Bond Ironton Mo.

20. FILED Aug 25 1933 R. A. Rasche Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933 to Aug 23, 1933

I last saw him alive on Aug 21, 1933 Death is said to have occurred on the date stated above, at 3 a. m.

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

Chronic Gastritis — Date of onset

118C

Other contributory causes of importance:

Name of operation ..... 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) E. L. Barnhouse, M. D.

(Address) Ironton Mo