

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.

JUN 17 1937

1. PLACE OF DEATH

County Cape Girardeau
 Township Pyro
 City Pyro (No.)

Registration District No. 124
 Primary Registration District No. 5779

File No. 19660
 Registered No. 27
 St. Ward

2. FULL NAME

William F. Reimund

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1857

7. AGE YEARS 80 MONTHS 11 DAYS 9 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Old Appleton Mo

FATHER 13. NAME Wm Reimund

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

MOTHER 15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Ally M Gato (ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredricks Cemetery DATE June 2, 1937

19. UNDERTAKER M. Lomb F & Co (ADDRESS) Jackson Mo

20. FILED 6-22-37 1937 W. E. Keibert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-31 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-22, 1937, to 3-31, 1937

I last saw him alive on 5-30, 1937 Death is said to have occurred on the date stated above, at 4:0 p.m.

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

Carcinoma (of penis & general metastases)

Other contributory causes of importance: Myocarditis - Rheumatism

Name of operation Date of

What test confirmed diagnosis? B. sp. Was there an autopsy?

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) Ally M Gato M. D. (Address) Jackson Mo

W