

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

Do not use this space.

1. PLACE OF DEATH

County Cole Registration District No. 213
Township _____ Primary Registration District No. 2014
City Jefferson (No. _____) St. _____ Ward _____

File No. 36416
Registered No. 208

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 (OR) WIFE OF Mary Rinke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-1-1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 11 8

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co. Mo.

PARENTS
10. NAME OF FATHER Henry Rinke
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Christine Matzen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Denmark

14. INFORMANT Otto Rinke
(Address) Mo.

15. FILED 12-10-20 D. W. Bueford M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-9 1920

17. I HEREBY CERTIFY, That I attended deceased from Dec-5 1920 to Dec-9 1920.
that I last saw him alive on Dec-9 1920, and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Brights Disease
1921

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) D. G. Amos M. D.
, 19 (Address) J. C. Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL River View Cem. DATE OF BURIAL 12-11 1920

20. UNDERTAKER Oliver Heinrichs ADDRESS J. C. Mo.

Mr. [Name]

[Faint, illegible text]

1911

2-100