

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

14993

**1. PLACE OF DEATH**

County Vernon Registration District No. 875 File No. \_\_\_\_\_  
 Township Washington Primary Registration District No. 6162 Registered No. 99  
 City State Hospital #3 (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Leopold Reinheimer  
 (a) Residence. No. Gen. State Hospital, East St. Ward. Joplin, Mo.  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. 1 mos. 24 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 Miss L. Reinheimer, Joplin, Mo.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 20 - 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>71</u>	<u>3</u>	<u>16</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Jeweler  
 (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) Germany

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT O. A. Schmidt (Address) Mo State Hospital #3

15. FILED 4/16 1923 E. A. Reebner REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 16 1923

17. I HEREBY CERTIFY, That I attended deceased from February 23, 1923, to April 16, 1923 that I last saw him alive on April 16, 1923, and that death occurred, on the date stated above, at 9:10 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Empyema of base  
15 B (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 14 ds.

CONTRIBUTORY (SECONDARY) General Paresis (duration) \_\_\_\_\_ yrs. 4 mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: \_\_\_\_\_

18. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

18. WAS THERE AN AUTOPSY? No

18. WHAT TEST CONFIRMED DIAGNOSIS: Clinical Laboratory (Signed) O. A. Schmidt 'M. D.

4/16, 1923 (Address) Mo State Hosp #3

\*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Joplin, Mo. DATE OF BURIAL April 16 1923

20. UNDERTAKER Allen V. Hays ADDRESS Nevada, Mo

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.

