

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

Do not use this space.

34031

**1. PLACE OF DEATH**

County Burlington  
Towship Lehillicolde  
City Lehillicolde (No. ....)

Registration District No. 588  
Primary Registration District No. 3026

File No. ....  
Registered No. 111 .....  
St. .... Ward)

**2. FULL NAME**

Joann Rinehart

(a) Residence No. .... St. .... Ward. ....  
(Use place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-17-25

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.  
2 3 17

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
(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) Marceline Mo

10. NAME OF FATHER Herbert R Runk

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Keosauqua Mo

12. MAIDEN NAME OF MOTHER Orthy Doren

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Marceline Mo

14. INFORMANT Mrs. Helen J. Reinhardt  
(Address) Lehillicolde Mo

15. FILED 11-2-27 Runk/Dorney  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 2 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct. 18 1927 to Nov. 2 1927 that I last saw her alive on Nov. 1 1927, and that death occurred, on the date stated above, at 4:35 A.M.

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

lobar pneumonia

108 / 10111 (duration) yrs. mos. da.

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

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, .....

9 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms

(Signed) Engel, M. D.

11/2, 1927 (Address) Chillicothe 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 DATE OF BURIAL

Marceline Mo Nov 3, 1927

20. UNDERTAKER J. D. Gordon ADDRESS Lehillicolde Mo

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.

