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.

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

Do not use this space. 16263

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 661

City St. Joseph, (No. 2311 South 12 Street St. Ward)

2. FULL NAME Effie Josephine Reiner

(a) Residence. No. 2311 South 12 Street St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Lawrence Reiner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 10. 1879.

7. AGE: Years 48 — Months 6 — Days 9 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Household
(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): Brookfield, Missouri.

PARENTS

10. NAME OF FATHER: Andover Howell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown 1LLinois.
12. MAIDEN NAME OF MOTHER: Fannie Schoen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Nashville, Tennesse

14. INFORMANT: Grace Reiner
(Address) 2311 South 12 Street

15. FILED MAY 21 1928, 19 John S. Wf REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): May. 19. 1928.

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1928, to May 19, 1928 that I last saw her alive on May 19, 1928, and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcoma of right lung, the great omentum, and left side of neck. 466 470 535 (duration) 2 yrs. mos. ds.

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

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

49

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Laboratory.

(Signed) H F Mundy, M. D

May. 21 1928. (Address) St Joseph, Mo. 404 So 3d

*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: Mount Olivet Cemetery — DATE OF BURIAL: May. 22. 1928

20. UNDERTAKER: H. O. Sidenfader — ADDRESS: 1802 Union Str.