

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

Do not use this space.

17344

1. PLACE OF DEATH

County Jackson
Township Paul
City Kansas City

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 2817
St. _____ Ward _____

2. FULL NAME

William W. Rhinehart
(a) Residence, No. 2801 Forest Ave. St. _____
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 29 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.
88 4 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Maryland

PARENTS

10. NAME OF FATHER Wm. Rhinehart
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Maryland
12. MAIDEN NAME OF MOTHER Abigail Suttler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Switzerland

14. INFORMANT A. Broden
(Address) 2801 Forest Ave.

15. FILED 5/26 28 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1928

17. I HEREBY CERTIFY, That I attended deceased from May 22, 1928, to May 26, 1928 that I last saw him alive on May 25, 1928, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
100a (duration) 12 yrs. 3 mo. 13 da.

CONTRIBUTORY (SECONDARY) High blood pressure of moderate
Chronic bronchitis (duration) X yrs. _____ mo. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY? 1928

WHAT TEST CONFIRMED DIAGNOSIS: Clinical

(Signed) Frank J. Brown, M. D.

5/26, 1928 (Address) 688 Northross Bldg.

*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 Chillicothe, Mo. DATE OF BURIAL 5/27 1928

20. UNDERTAKER The Freeman Mortuary, Baltimore Ave
ADDRESS 47 St.

X. 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.

650 Lett. of V. B. Day.