

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

Do not use this space.

41288

1. PLACE OF DEATH

County Lauderdale Registration District No. 491
Township Bradford Primary Registration District No. 52574
City Waverly (No. _____) St. _____ Ward _____

File No. _____
Registered No. 34

2. FULL NAME

Glenn Rinaman
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 13 - 1927</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>4</u>
		DAY
		<u>3</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work _____		
(b) General nature of industry, business, or establishment in which employed (or employer) _____		
(c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) Troy Mo
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Will Rinaman</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Troy</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Emma Brown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Troy</u> (STATE OR COUNTRY)

14. INFORMANT Will Rinaman
(Address) Troy Mo

15. FILED 12/4/29 W. P. Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1929, to Dec 3, 1929 that I last saw him alive on Dec 3, 1929, and that death occurred, on the date stated above, at 3:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Grippe and Broncho
Pneumonia 11 A
10:15
(duration) yrs. mos. 10 ds.

CONTRIBUTORY Grippe-Pneumonia
(SECONDARY)
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
0/100
IF NOT AT PLACE OF DEATH, AT _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. L. Stiers, M. D.
12/4, 1929 (Address) Troy 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 <u>Troy Cemetery</u>	DATE OF BURIAL <u>Dec 5 1929</u>
20. UNDERTAKER <u>Kempco Bros.</u>	ADDRESS <u>Troy Mo</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD---PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.

1929

