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

Do not use this space.

23740

1. PLACE OF DEATH
County: Osage
Township: Washington
City: Linn (No. ..... St. ..... Ward)
Registration District No. 975
Primary Registration District No. 5851-B
File No. .....
Registered No. 7

2. FULL NAME: Caroline Mary Reinkemeyer

(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.

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.

1930

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 Peter Reinkemeyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 19th 1878

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	5	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Longstown
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Ferdnand Sage
11. BIRTHPLACE OF FATHER (CITY OR TOWN): France
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Matilda Pareau
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): France

14. INFORMANT: Peter Reinkemeyer
(Address): Linn Mo

15. FILED: 7-7, 1930 Alphonse Fick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 6 1930

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1930 to July 6, 1930, that I last saw h. alive on July 6, 1930, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Disease of the heart
92 A

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): TOM

..... (duration) ..... yrs. ..... mos. ..... ds.

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

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. F. Jones, M. D
July 7, 1930 (Address) Linn 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: St. Georgis Cemetary Mo
DATE OF BURIAL: July 8 1930

20. UNDERTAKER: S. A. Lawson
ADDRESS: Jeff. City

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

Do not use this space.

1. PLACE OF DEATH

County: Osage — Registration District No.: 975 — File No.:

Township: Washimgton — Primary Registration District No.: 585I B — Registered No.:

City: Linn (No. ..... St. ..... Ward)

2. FULL NAME Caroline Mary Reinkemeyer

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Peter Reinkemeyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan I9, I878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	5I	5	I7	

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(a) Trade, profession, or particular kind of work: House work
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(c) Name of employer: .....

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(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Ferdnand Sage

11. BIRTHPLACE OF FATHER (CITY OR TOWN): France
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Matilda Pareau

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): France

14. INFORMANT: Peter Reinkemeyer
(Address): Linn, Mo

15. FILED: 7-7, 19 30 — Alphonse Fick, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 6 1930

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..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 90a
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J.F.Jones, M.D.
July 7, 19 30 (Address) Linn 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: St. George's Cemetary, Linn, Mo — DATE OF BURIAL: July 8 1930

20. UNDERTAKER: S.A.Dawson — ADDRESS: Jefferson

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

261930

This is a Correct Copy
Alphonse Fick Registrar

S. 93140