SEP 21 1930

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

Do not use this space.

29080

1. PLACE OF DEATH
County Bates
Township Elkhart
City ..... (No. ..... St. ..... Ward)

Registration District No. 49
Primary Registration District No. 5077

File No. .....
Registered No. .....

2. FULL NAME Elmer Williams Reinke

(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. 26 mos. 11 ds. 20 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)
Male	White	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 22 1926

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	26	11	20	

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

9. BIRTHPLACE (CITY OR TOWN) Monona Iowa
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER John Reinke
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iowa
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Bertha Hauschen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iowa
(STATE OR COUNTRY)

14. INFORMANT Eldo Reinke
(Address) Amsterdam Mo.

15. FILED 9/5, 1930 L. A. Mangold REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1930, to Sep 2, 1930 that I last saw him alive on Sep 2, 1930, and that death occurred, on the date stated above, at 6 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid Fever

(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (SECONDARY) .....

(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. M. Smith, M. D.

9/3, 1930 (Address) Amoret 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
Richland Cemetary.	Sept 5 1930
20. UNDERTAKER	ADDRESS
Culvers	Butler Mo

...ACTLY. PHYSICIAN ... state ... that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 20 1956

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Bate — Registration District No. 49 — File No.
Township Elkhart — Primary Registration District No. 5077 — Registered No.
City (No. St. Ward)

2. FULL NAME Elmer Williams Reinke
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 22 - 1904

7. AGE: X — YEARS: 26 — MONTHS: 11 — DAYS: X 20 X — If LESS than 1 day, hrs. or min.

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)
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED 11-25 1930 L.C. Mangold REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 12 1930

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19, that I last saw b alive on 19, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(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) , M. D
, 19 (Address)

*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 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be given [illegible] PHYSICIAN [illegible] CAUSE OF DEATH in plain terms, [illegible] may be properly [illegible] Exact statement of OCCUPATION is very important.

REGIST[illegible] FOR CERTIFICAT[illegible] THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-29080