

NOV 22 1930

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

Do not use this space.

1. PLACE OF DEATH

County FRANKLIN  
Township 130 EUFF  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 292  
Primary Registration District No. 5410

File No. 32551  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

CHRISTINA REINHARDT

(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 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 WIFE OF JOHN F REINHARDT  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) FEB 18 - 1868  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
62 8 5

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

9. BIRTHPLACE (CITY OR TOWN) BIG BERGER  
(STATE OR COUNTRY) MO

10. NAME OF FATHER GEO PFITZINGER  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) GERMANY  
12. MAIDEN NAME OF MOTHER HASSIG  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) GERMANY

14. INFORMANT John Reinhardt  
(Address) R#2 Bryan mo

15. FILED 10/24 1930 A. Sherble  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 23 1930 9:50 PM

17. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1930, to Oct 23, 1930, that I last saw h. or alive on Oct 19, 1930, and that death occurred, on the date stated above, at 9:50 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer of Stomach  
4 1/2 (duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 4 1/2 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? NO  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) W. T. Gumbel M. D.  
10/25, 1930 (Address) New Haven, 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 Evans St Johns DATE OF BURIAL Oct 26 1930

20. UNDERTAKER Human Burial ADDRESS Bryan mo

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.

