

Exact statement of OCCUPATION is very important.
Cause of DEATH in plain terms, so that it may be properly classified.

DEC 22 1930

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

Do not use this space.

35677

1. PLACE OF DEATH

County Cole Registration District No. 213
Township _____ Primary Registration District No. 3014
City Jefferson (No. _____) St. _____ Ward _____

File No. _____
Registered No. 273

2. FULL NAME Josephine Reinsch

(a) Residence. No. 11133 W. High 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 OR (OR) WIFE OF John Reinsch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 19, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10 11

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

9. BIRTHPLACE (CITY OR TOWN) Germany.
(STATE OR COUNTRY)

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT Christ Massman
(Address) J.C. Mo.

15. FILED 12/9 1930 J. Bradford
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 30 1930

17. I HEREBY CERTIFY, That I attended/deceased from Nov 20 1930 to Nov 30 1930
that I last saw her alive on Nov 30, 1930 and that death occurred, on the date stated above, at 1:31 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Sclerosis
131
8711

(duration) 3 yrs. 3 mos. 0 ds.
CONTRIBUTORY Chronic Embolic Stroke
(SECONDARY) (duration) 3 yrs. 0 mos. 0 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. P. ... M. D.
12/1 1930 (Address) J. P. ... 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 Noelztown, Mo. DATE OF BURIAL 12-3-1930

20. UNDERTAKER Chas. P. Heinrichs ADDRESS J.C. Mo.

