

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

Do not use this space.

40012

**PLACE OF DEATH**

County Lincoln  
Township Jefferson  
City Jefferson (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

Registration District No. 500  
Primary Registration District No. 25665

File No. \_\_\_\_\_  
Registered No. 10

**2. FULL NAME**

Sarah Carolyn Rinehart

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 2 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
79 11 2

**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) (STATE OR COUNTRY)**

Ohio

10. NAME OF FATHER Alexander Carl

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

12. MAIDEN NAME OF MOTHER Sarah Neal

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

14. INFORMANT (Address) Mrs Carl Herring Brookfield Mo Fayette 7624

15. FILED 12/5 1930 J. P. Buss REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1930 to Dec 4, 1930 that I last saw h. in alive on Dec 3, 1930, and that death occurred, on the date stated above, at 5 o'clock A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chr. Myocarditis  
730

Unknown (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) NO (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 signs

(Signed) Flora Evans, M. D.  
Dec 5, 1930 (Address) Brookfield Mo

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Jenkins Cemetery DATE OF BURIAL Dec. 1930

20. UNDERTAKER J. G. Thorne ADDRESS La. Celeste, 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.

JAN 20 1931

