

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

Do not use this space.

PLACE OF DEATH

County Washburn

Registration District No. 25

File No. 158 49

Township Washburn

Primary Registration District No. 4019

Registered No. 58

City Marionburg (No. ....)

St. .... Ward)

2. FULL NAME Amelia A. Rintzel

(a) Residence. No. .... St. .... Ward. .... (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. .... mos. .... da. How long in U.S., if of foreign birth? yrs. .... mos. .... da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar 6 - 1861</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
<u>69</u>	<u>69</u>	<u>2</u>	<u>22</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>housewife</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) .....				
(c) Name of employer .....				
9. BIRTHPLACE (CITY OR TOWN) <u>Fowler</u>				
(STATE OR COUNTRY) <u>Ill</u>				
PARENTS	10. NAME OF FATHER <u>Adolf Flickert</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Germany</u>			
	(STATE OR COUNTRY) .....			
12. MAIDEN NAME OF MOTHER <u>Amelia Flickert</u>				
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Germany</u>				
(STATE OR COUNTRY) .....				
14. INFORMANT <u>A. Rintzel</u>				
(Address) <u>Marionburg Mo</u>				
FILED <u>28</u> 19 <u>31</u> <u>USA Orms</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1931

17. I HEREBY CERTIFY, That I attended deceased from July 27, 1931, to July 29, 1931, that I last saw him alive on July 27, 1931, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Quinine Ecto Carditis

18. WHERE WAS DISEASE CONTRACTED at home (duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) hypertension (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED at home (duration) .... yrs. .... mos. .... ds.

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? WGA Orms (Signed) WGA Orms M. D.

\*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 Wellsville DATE OF BURIAL Jan 30 - 1931

20. UNDERTAKER F. W. Keubner ADDRESS Wellsville

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.

