

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

Do not use this space.

28181

1. PLACE OF DEATH

County Scott Registration District No. 147
 Township Roller Primary Registration District No. 6044
 City Jellmo (No. _____) St. _____ Ward _____

2. FULL NAME

Herald Arthur Rindel
 (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. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Chad
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chad

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
5 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jellmo Mo

13. NAME Raymond Rindel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jellmo Mo

15. MAIDEN NAME Frazer Hosea

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

17. INFORMANT Raymond Rindel (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Whiteoak DATE Aug 8 - 32

19. UNDERTAKER Ripley's Husband (ADDRESS) _____

20. FILED 8-8-32 1932 J. J. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1932 to Aug 6 1932
 I last saw ~~her~~ alive on Aug 6 1932 Death is said to have occurred on the date stated above, at Jellmo.
 The principal cause of death and related causes of importance were as follows:

Stomachitis
1195/19
 Other contributory causes of importance: (1)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. J. ... M. D.
 (Address) Jellmo Mo

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.

AUG 27 1932

