

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

Do not use this space.

32058 2

1. PLACE OF DEATH  
 41 County Harrison Registration District No. 341  
 Township Marion Primary Registration District No. 5478  
 City                      (No.                     ) St.                      Ward                     

File No.                       
 Registered No. 19

2. FULL NAME John 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)  
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hulda H. Brown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 3 16

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

9. BIRTHPLACE (CITY OR TOWN) Logan County  
 (STATE OR COUNTRY) Ill

10. NAME OF FATHER Valentine Rinehart

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

12. MAIDEN NAME OF MOTHER Ennis

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

14. INFORMANT Wm. Rinehart  
 (Address) Blythedale, Mo

15. FILED 10/30 1932 W.C. Brewer  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 28 1932

17. I HEREBY CERTIFY, That I attended deceased from October 25, 1932 to October 28, 1932  
 that I last saw him alive on October 28, 1932, and that death occurred, on the date stated above, at 2:00 PM.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lobar Pneumonia  
108 / 108  
 (duration) yrs. mos. ds.

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

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

DID AN OPERATION PRECEDE DEATH? no DATE OF X

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) S. S. Dee, M. D.  
10/28, 1932 (Address) Blythedale, 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 Rose Hill Cemetery DATE OF BURIAL 10/30 1932

20. UNDERTAKER Progan Tom Ridgeway Inc ADDRESS                     

JAN 23 1933

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.

