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

Do not use this space.

34961

1. PLACE OF DEATH
County Callaway, Registration District No. 104
Township Fulton, Primary Registration District No. 5153
City ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. 210

2. FULL NAME Ira Rineheart,

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Mary Rineheart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 4th, 1861

7. AGE: Years 71 | Months 5 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer all his life,
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) Wis,

FATHER
13. NAME William Rineheart,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wis,

MOTHER
15. MAIDEN NAME Mary Trickale,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wis,

17. INFORMANT Mrs. Mary E. Rineheart,
(ADDRESS) R. F. D. Fulton, Mo,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fulton, Mo, DATE Nov, 7th, 1932

19. UNDERTAKER Herndon-Taylor Furn-Co,
(ADDRESS) Fulton, Mo,

20. FILED Nov 7 1932 R. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/5/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/1/32 im, 19..., to 11/5/32, 19...
I last saw h..... alive on 11/5/32, 19..... Death is said to have occurred on the date stated above, at 8. A. M.
The principal cause of death and related causes of importance were as follows:

Apoplexy. following hyper-tention myocarditis, hemiplegia. etc.

Date of onset

Other contributory causes of importance: Cardio renal.

Name of operation ..... Date of .....
What test confirmed diagnosis? P. E. Was there an autopsy? No

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? No
If so, specify .....
(Signed) Greene D. McCall M. D.
(Address) Fulton 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.