

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

Do not use this space.

**1. PLACE OF DEATH**

County Shelby  
Township Black Creek  
City Shelbyville (No. ....)

Registration District No. 831  
Primary Registration District No. 4504

File No. 4350  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Arnold

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 7, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
68 11 17 or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(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) Australia

**10. NAME OF FATHER**

Peter Reinheimer

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Germany

**12. MAIDEN NAME OF MOTHER**

Catherine Walsh

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Germany

**14.**

INFORMANT Henry Arnold  
(Address) Shelbyville, Mo

**15.**

FILED Jan 26, 1933 Emmett A. Houston  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1933

17. I HEREBY CERTIFY, That I attended deceased from Dec 30 1932, to Jan 24 1933  
that I last saw her alive on Jan 24 1933, and that death occurred, on the date stated above, at 3:45 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Sudden Death. Probably  
Coronary occlusion.  
She also had Arterio Sclerosis.

**CONTRIBUTORY (SECONDARY)**

Pyelitis (duration) 5 yrs. mas. 26 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH no

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) P. C. Archer M. D.

1-25 1933 (Address) Shelbyville, 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**

DATE OF BURIAL

Mound Hope Cemetery Jan. 26 1933

**20. UNDERTAKER**

ADDRESS

J. W. Thompson Box Shelbyville, 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.

WITH CONTINUING INK—THIS IS A PERMANENT RECORD

1933

32  
64  
68

32  
64  
68

3

10

10

PARENTS

