

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.

JUL 21 1933

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

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township _____
City 6 miles E. of Washington (No. _____)
Highway 17

Registration District No. 297
Primary Registration District No. 3016

File No. 19380
Registered No. 42
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 615-E- State St. Union, Mo. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Helen Lucille Reinhard,</u> (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 30th, 1896.</u>		
7. AGE	YEARS	MONTHS
	<u>36</u>	<u>8</u>
		<u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		<u>man</u> <u>Traveling Shoe Sales</u>
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) <u>June 30th, 1933.</u>		11. Total time (years) spent in this occupation <u>3</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Union, Mo.</u>
13. NAME	<u>Charles P. Reinhard,</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Union, Mo.</u>
15. MAIDEN NAME	<u>Dolphie Ridder,</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Quincy, Ill.</u>

17. INFORMANT Helen Lucille Reinhard.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union, Mo. DATE July 3rd, 1933
Union Cemetery.

19. UNDERTAKER Steburg & Vitt, Inc.
(ADDRESS) Washington, Mo.

20. FILED July 1, 1933 O. L. Worthington
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1933

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:
Auto Accident
Fracture of Base of Skull

Date of onset _____

Other contributory causes of importance:
210

Name of operation none Date of..... _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury 6-30, 1933
Where did injury occur? About 6 miles E. of Washington Highway 17
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public Highway

Manner of injury: Automobile from car + struck a piece of concrete resting on a post

Nature of injury: _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) E. L. Worthington, Coroner
(Address) _____

