APR 25 1934

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.

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

Do not use this space.

File No. 8504

Registered No.

1. PLACE OF DEATH

36 County Franklin — Registration District No. 296

Township — Primary Registration District No. 4180

2 City Union, Mo. (No. , St. Ward)

2. FULL NAME Charles P. Reinhard

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kathryn B. Reinhard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24 1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
68	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr National Cob Pipe

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) Union, Missouri.

FATHER

13. NAME Charles Reinhard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Christina Dress

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

17. INFORMANT Mrs. Kathryn B. Reinhard
(ADDRESS) Union, Mo.

18. BURIAL, CREMATION, OR REMOVAL Union Cemetery
PLACE Union, Mo. DATE 3/18 1934

19. UNDERTAKER Wm H. Horn
(ADDRESS) Union, Mo.

20. FILED 4/5 1934 John R Marshall
Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to 3/16, 1934

I last saw h. alive on 3/16, 1934. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/16/34

Other contributory causes of importance:

Cardio-Vascular-Renal disease	10 yrs ago

Name of operation 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? 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) John R. Marshall, M. D.

(Address) Union, Mo.