

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

Do not use this space.

17832

**1. PLACE OF DEATH**

71 County Ripley Registration District No. 704  
Township Washington Primary Registration District No. 5992  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 41  
Registered No. 481

**2. FULL NAME** Flora Rinnert

(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 Jacob Rinnert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 1867

7. AGE YEARS 66 MONTHS 04 DAYS 29 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farming

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Linden City (STATE OR COUNTRY) Spencer County

MOTHER 13. NAME W. J. Chinm

14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Nancy Brown

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Spencer County

17. INFORMANT Carl Blackwell (ADDRESS) W. 1st St. N. W.

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch DATE 6/30 1934

19. UNDERTAKER Mrs Gish (ADDRESS) Naylor Missouri

20. FILED 5/21 1934 J. E. White Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1934 to May 29 1934

I last saw him alive on May 26 1934 Death is said to have occurred on the date stated above, at 12:29 a.m.

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

General carcinoma  
beginning in bone of  
left arm, which was  
amputated just below elbow  
just months before of shoulder  
bone metastasis  
Other contributory causes of importance:  
Irregular heart. Hypertension  
ephrostein

Name of operation amputation of hand Date of operation about 1930  
What test confirmed diagnosis? path 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) J. E. White M. D.  
(Address) Naylor Mo.

JUN 26 1934

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.

