

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

Do not use this space.

NOV 13 1934

1. PLACE OF DEATH

County Jackson
Township Lebanon
City N. C. no. 11 (No. St. Joseph Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. 35991
Registered No. 449 Ward

2. FULL NAME

(a) Residence, No. 140 W. 1st 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hank Dorsey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 24 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
60 | 1 | 13

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

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) Lebanon

13. NAME John Rinehart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME " "

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

17. INFORMANT Green O. Dorsey (ADDRESS) 201 Sprague ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 10/9/34

19. UNDERTAKER Mrs. E. L. Genter (ADDRESS) 918 Broadway ave

20. FILED Oct 8 1934 M. M. Crowl asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 7 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan - -, 1934, to Oct. 7, 1934
I last saw her... alive on Oct 7, 1934. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Cardio-vascular
Renal disease with
Hypertension
131
Other contributory causes of importance:
Cerebral Hemorrhage
with respiratory +
cardiac failure
Name of operation none Date of _____

What test confirmed diagnosis? P. M. Was there an autopsy? yes

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? _____
If so, specify _____

(Signed) B. M. M. M., M. D.
(Address) 724 W. 2nd St.
K. C. 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.

235
2
31
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Date of onset
10/7/34
10/7/34
10/7/34

