

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.

OCT 18 1934

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

Do not use this space.

38355

1. PLACE OF DEATH

County North Registration District No. 903
Township Pleitchall Primary Registration District No. 1
City Grant City (No.) St. Ward

File No.
Registered No.

2. FULL NAME Lessie W. Rinehart

(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 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mamie Rinehart</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 24 1891</u>				
7. AGE YEARS <u>43</u>	MONTHS <u>0</u>	DAYS <u>7</u>	If LESS than 1 day, <u> </u> hrs. or <u> </u> min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>			
	10. Date deceased last worked at this occupation (month and year) <u>Oct. 1934</u>			
				11. Total time (years) spent in this occupation <u>20</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois Mo.</u>				
FATHER	13. NAME <u>Charles H. Rinehart</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Java</u>				
MOTHER	15. MAIDEN NAME <u>Sarah Ball</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>				
17. INFORMANT (ADDRESS) <u>Mamie Rinehart Grant City, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grant City</u> DATE <u>Oct. 3 1934</u>				
19. UNDERTAKER (ADDRESS) <u>Wm. C. Duffee Grant City, Mo.</u>				
20. FILED <u>1934</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 Oct. 5:15 1934

I last saw h. alive on Oct 1, 1934 Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:
Acute Heart failure Date of onset 20

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

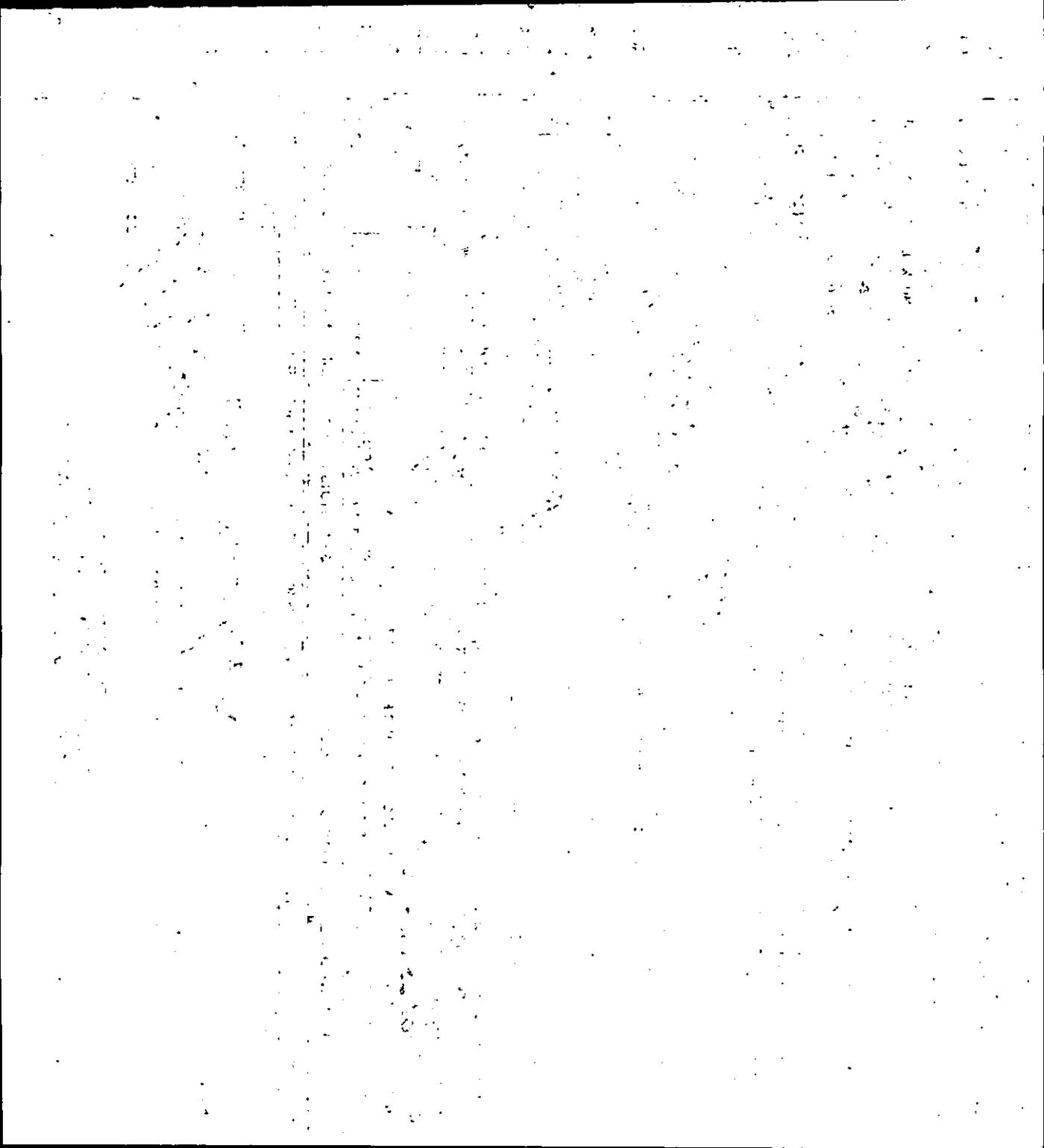
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. W. Swift, M. D.
(Address) Grant City

Registrar.



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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Worth
Township.....
City..... (No. St. Ward)

Registration District No. 903
Primary Registration District No. 4545

File No.....
Registered No.....

2. FULL NAME

Leslie W Renshaw

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

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

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

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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Oct 9, 1934 Red Mull, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from to I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows:

acute heart failure Date of onset
Don't know
sick before, seen by a doctor, had no autopsy

Other contributory causes of importance:

200 ft
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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)....., M. D.
(Address).....

SUPPLEMENTARY

5-38355