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.

FEB 25 1935

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

Do not use this space.

1. PLACE OF DEATH
County Jasper — Registration District No. 408 — File No. 1722
Township Madison — Primary Registration District No. 5564 — Registered No.
City (No. Carthage Mo. R.F.D. St. Ward)

2. FULL NAME Sarah Elizabeth Rinehart
(a) Residence, No. R.F.D. Carthage Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 - 1861

7. AGE: YEARS 74 — MONTHS 7 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Jasper Co. Mo.

FATHER
13. NAME F. G. Haselwood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Co. Mo.

MOTHER
15. MAIDEN NAME Jane Anstaff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Co. Mo.

17. INFORMANT (ADDRESS) Co. A. Rinehart. Carthage Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbus, Kans. DATE Jan 22 1935

19. UNDERTAKER (ADDRESS) Ulmer - Drake Carthage Mo.

20. FILED Jan 21 1935 S. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1935, to Jan 19, 1935
(I last saw her alive on Jan 15, 1935. Death is said to have occurred on the date stated above, at 4:10 P.m.
The principal cause of death and related causes of importance were as follows:

Paralysis due to cerebral hemorrhage — Date of onset 1-18-35

Other contributory causes of importance: hypertension - arterio-sclerosis

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) S. X. Cordonnier, M. D.
(Address) Carthage Mo