MAY 24 1935

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

Do not use this space.

12723

1. PLACE OF DEATH

County Jackson — Registration District No. 1002 — File No.

Township ~~Kaw~~ — Primary Registration District No. — Registered No.

City Kansas City (No. 1813 E. 67th Terrace St. 1230 Ward)

2. FULL NAME Mrs. Mary Bartha Rhiner

(a) Residence, No. 1813 E. 67th Terrace St., Ward. (If nonresident, give city or town and State)
(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.

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: V. M. Rhiner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-3-1881

7. AGE: YEARS 53 — MONTHS 12 — 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.: At Home
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): Illinois

FATHER

13. NAME: Frank Archer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): V. M. Rhiner, 1813 E. 67th Terr, K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Forest Hill — DATE: 4/4/35, 19

19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons, 3811 Broadway K. C. Mo.

20. FILED 4-2, 1935 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/2/35, 19

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935, to April 2, 1934

I last saw her alive on April 2, 1935. Death is said to have occurred on the date stated above, at 3.30 a.m.

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

Fatty Degeneration of Heart (Chronic) — Date of onset: 3 to 5 years ago

936

Other contributory causes of importance: Cordial Asthma off and on insp[illegible] and excessive Adiposity

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? no

If so, specify

(Signed) E. H. Zeilinger, M. D.

(Address) 826-31 Argyle Bldg K. C. Mo.

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.

Dr. Zeilinger
Argyle Bldg
to 5:P.M.