

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.

Miller

JUN 3 1935

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

Do not use this space.

13912

1. PLACE OF DEATH

County Pike Co., Mo Registration District No. 689
Township Buffalo Primary Registration District No. 3033
City Reunion (No. Pike Co Hospital) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Frank Benjamin Rinn

(a) Residence, No. R 70 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Mary Eliza Rinn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 09-28-56
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 6 10

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

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

13. NAME Joseph Rinn

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

15. MAIDEN NAME (2)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (2)

17. INFORMANT Sherry Rinn (50) (ADDRESS) Berry Java

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverside DATE 4/10

19. UNDERTAKER (ADDRESS) Thayer

20. FILED 4/8 35 Thayer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-5 1935 to 4-8 1935

I last saw h. 4-8 1935 alive on 4-8 1935 Death is said to have occurred on the date stated above, at 11:05 a m.

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

Cerebral Hemorrhage Date of onset 4/3/35

Other contributory causes of importance: arterio sclerosis (2)

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 _____, 1935

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. H. Miller, M. D.
(Address) Louisiana Mo

Methairit

6/24/1988