AUG 12 1935

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan, Registration District No. 85 File No. 22185
Township Primary Registration District No. 1001 Registered No. 738
City St. Joseph, (No. 302 South 15th. St. Ward)

2. FULL NAME Amelia Reinke,
(a) Residence, No. 302 South 15th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 70 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: August Reinke,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 28, 1853
7. AGE: YEARS 82, MONTHS 4, DAYS 14, If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year) July 1935,
11. Total time (years) spent in this occupation 63

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Atchison County, Missouri,

FATHER
13. NAME: Christopher Groh,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Germany,

MOTHER
15. MAIDEN NAME: Christina Haag,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Missouri,

17. INFORMANT (ADDRESS): Herman C. Reinke 302 South 15th. Street.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cem. DATE July 15th, 1935
19. UNDERTAKER (ADDRESS): Heaton-Bergalet-Bowman Funeral Home 319 So. 10th. St.
20. FILED 7-15- 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12th, 1935
22. I HEREBY CERTIFY, That I attended deceased from May 10 1935, to July 12, 1935
I last saw her alive on July 11, 1935. Death is said to have occurred on the date stated above, at 1:00 A.m.
The principal cause of death and related causes of importance were as follows:
Cancer of Pancreas Primary left producing or Cancer of Liver — Date of onset 1935 Apr. 1935
Other contributory causes of importance:
Name of operation none 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) Gordon D. Wright, M. D.
(Address) 845 So. 19 St. St. Jos. 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD