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.

SEP 2 3 1935

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

Do not use this space.

27065

1. PLACE OF DEATH
County Miller — Registration District No. 565 — File No.
Township Glaize — Primary Registration District No. 5761 — Registered No. 61
City ~~Brumley~~ (No. , St. Ward)

2. FULL NAME Ardtis Vail Reinhart

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. 5 mos. 0 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 19, 1921

7. AGE: YEARS 14 — MONTHS 5 — DAYS 0 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grade school
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Student
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): Brumley, Mo.

FATHER
13. NAME: Sylvester Ingram Reinhart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ulman, Mo.

MOTHER
15. MAIDEN NAME: Celia Elizabeth Duncan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brumley, Mo.

17. INFORMANT (ADDRESS): Mrs. Elizabeth Reinhart

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Union Cemetery DATE Aug. 20, 1935

19. UNDERTAKER (ADDRESS): None

20. FILED 9/20, 1935 C. R. Hawkins, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to Aug. 19, 1935
I last saw her alive on Aug. 18, 1935. Death is said to have occurred on the date stated above, at 9:25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	June 25, 1935

Other contributory causes of importance:

Acute ulcerative Stomatitis	June 1 1935

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) Myron D Jones, M. D.
(Address) Brumley