

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

Do not use this space.

OCT 24 1935

29801

1. PLACE OF DEATH

County Jackson
Township Ami a bar
City (No. _____) _____

Registration District No. 402
Primary Registration District No. 5567A3

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Chas. F. Reinking

(a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Reinking</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 18, 1853</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>7</u>	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
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)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-19, 1935
22. I HEREBY CERTIFY, That I attended deceased from 9/17, 1935 to 9/19, 1935
I last saw him alive on 9/18, 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:

Arteriosclerosis
Date of onset _____

Other contributory causes of importance:

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? _____
If so, specify _____
(Signed) J. B. Crawford M. D.
(Address) Grain Valley Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	13. NAME <u>don't know</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>don't know</u>
	15. MAIDEN NAME <u>don't know</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>don't know</u>	
17. INFORMANT <u>Blay Reinking</u> (ADDRESS) <u>One Jack mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove Mo.</u> DATE <u>9/21</u> , 19 <u>35</u>	
19. UNDERTAKER <u>Zorubly</u> (ADDRESS) <u>Oak Grove Mo.</u>	
20. FILED <u>Sept 27, 1935</u> <u>Mrs. A. H. Mann</u> Registrar.	

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.

