WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

AUG 24 1936

Do not use this space.

20236-1

1. PLACE OF DEATH

County Osage — Registration District No. 642 — File No.

Township Washington — Primary Registration District No. 5851 — Registered No. 7

City Linn R. D. (No. , St. Ward)

2. FULL NAME Peter Hubert Rinkemeyer

(a) Residence, No. Linn R. D. 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 26-77

7. AGE: YEARS 58 — MONTHS 6 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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): Osage Co Mo

FATHER

13. NAME: Steve Rinkemeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Osage Co Mo

MOTHER

15. MAIDEN NAME: Sabilla Brandt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Osage Co Mo

17. INFORMANT (ADDRESS): Mrs John Rinkemeyer Linn R. D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Linn C. Cemetery DATE May 21 1936

#3701

19. UNDERTAKER (ADDRESS): Morton Funeral Home Linn Mo

20. FILED July 11, 1936 Mary L. Player Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1936, to May 19, 1936

I last saw him alive on May 19, 1936. Death is said to have occurred on the date stated above, at 11:30 P m.

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

	Date of onset
Influenza	May 10/36
Intestinal type	

Other contributory causes of importance:

Bronchopneumonia	May 17/36
Pulmonary Stenosis	

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) E. L. Meads, M. D.

(Address) Linn Mo