

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

Do not use this space.

30752

SEP 21 1936

1. PLACE OF DEATH

County Howell Registration District No. 979
 Township Shelton Valley Primary Registration District No. 5537
 City (No.) St. Ward

2. FULL NAME

Mary Elizabeth Rinck
 (a) Residence, No. Parson R.T. St. Ward
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OR WIFE OF) <u>D. C. Rinck</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-13-1879</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>4-</u>
	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wageearner</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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mega's Co-Town</u>		
FATHER	13. NAME <u>Lock Miller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	17. INFORMANT (ADDRESS) <u>L. N. Knight Parson R.T.</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rest Camp</u> DATE <u>8/20 1936</u>	
19. UNDERTAKER (ADDRESS) <u>Wm. J. Green, M.D. 1717</u>		
20. FILED <u>9-7-1936</u> <u>E. A. Cator</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 - 1936

22. I HEREBY CERTIFY, That attended deceased from Nov - 1935, to Aug - 19 1936
 I last saw her alive on Nov - 1935 Death is said to have occurred on the date stated above, at 4:35 p.m.
 The principal cause of death and related causes of importance were as follows:

<u>Coronary heart disease</u>	Date of onset <u>1936</u>
<u>Ch - Kidney disease</u>	<u>1936</u>

Other contributory causes of importance:

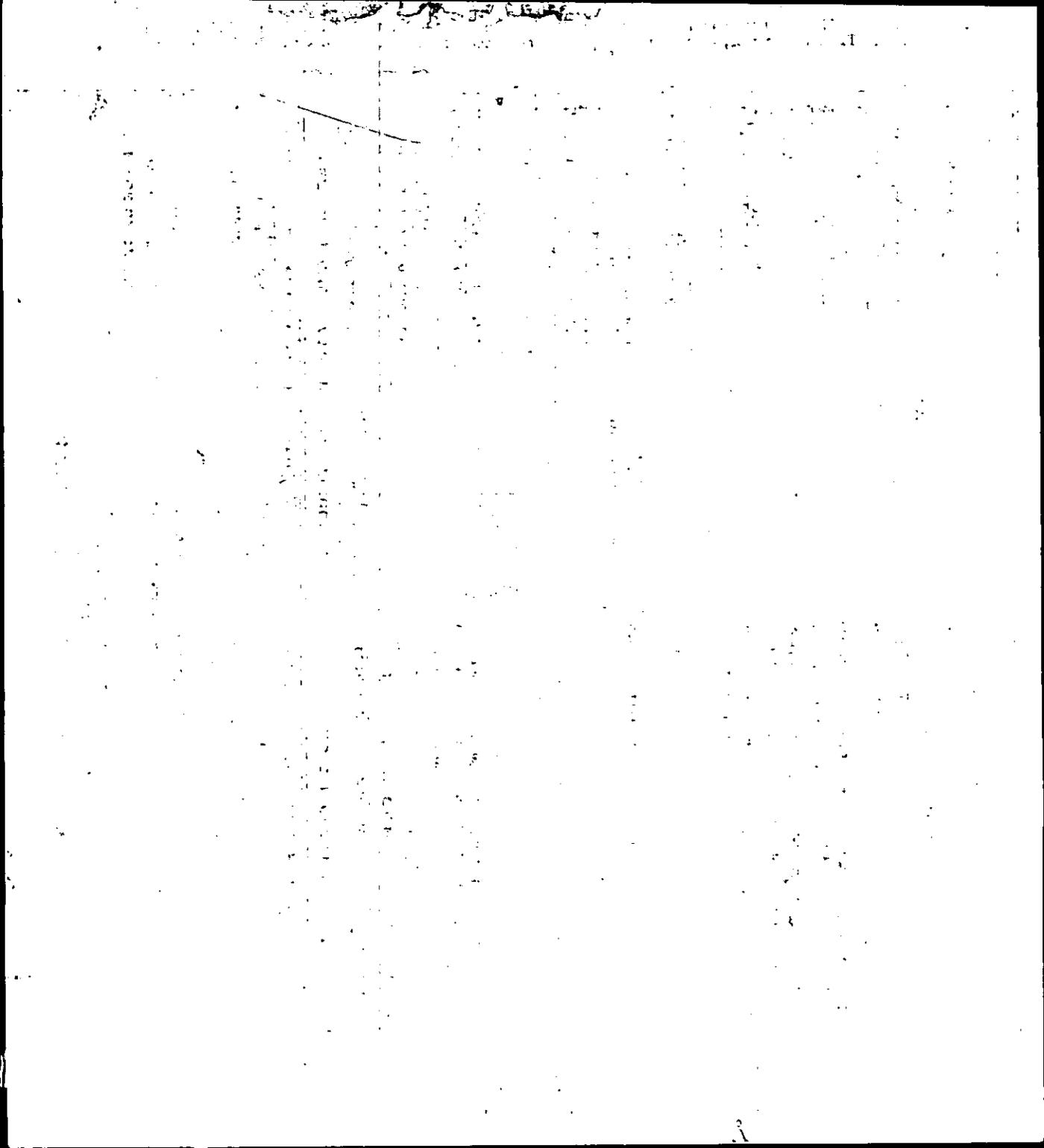
Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? No

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?
 If so, specify
 (Signed) J. D. Green M. D.
 (Address) West Plains 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.



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1. PLACE OF DEATH

County Lovell Registration District No. 979
 Township Hutton Valley Primary Registration District No. 5339
 City No. St. Ward)

File No.

Registered No.

2. FULL NAME

Mary Elizabeth Rowe
 (a) Residence, No. St. Ward.
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>77</u>	<u>4</u>	<u>6</u>	

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.
 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Sept 7 1936 J. C. Caton

Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said to have occurred on the date stated above, at... m.

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

Date of onset

Other contributory causes of importance:
Ch. Kidney disease
Hypertensive Interstitial Nephritis

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) P. P. Quinn, M. D.
 (Address) West Plains, 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.

EXEMPTED

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