DEC 4 1936

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

Do not use this space.

38851

File No.
Registered No. 189

1. PLACE OF DEATH
County St. Francois
Township St. Francois
Registration District No. 773
Primary Registration District No. 6018A
Near City Farmington, Mo. (No. , St. Ward)

2. FULL NAME Leslie Rhyneer
(a) Residence, No. Festus, Mo. 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: Male
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) Unknown

7. AGE: Years 29; Months ?; Days ?; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Washington Co., Missouri

FATHER
13. NAME J. W. Rhyneer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co., Mo.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Mo.

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus, Mo. DATE Oct. 26, 1936

19. UNDERTAKER Fink Undertaker
(ADDRESS) Festus, Missouri

20. FILED Oct 26, 1936 B. J. Robinson
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1933, to October 23, 1936
I last saw him alive on October 23, 1936 Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mental deficiency (Idiot) with psychosis with terminal ascending progressive paralysis | Birth |
| | 3 days |

Other contributory causes of importance

Epilepsy

Name of operation None Date of
What test confirmed diagnosis? Lab. & Clin. 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) C. Tivis Graves, Jr., M. D.
(Address) State Hospital #4 Farmington, 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.