

MAY 18 1937

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

Do not use this space.

16022

1. PLACE OF DEATH

County CharitonRegistration District No. 174Township ClarkPrimary Registration District No. 524

City

(No. ,

St.

Ward)

2. FULL NAME

Lawrence Vernon Rinebaugh

(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

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)

Apr 12 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

000

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at Home

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)

Chariton Co Mo

FATHER

13. NAME

Deland Rinebaugh

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

Chariton Co Mo

MOTHER

15. MAIDEN NAME

Wanita Bellup

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

Chariton Co Mo

17. INFORMANT (ADDRESS)

Deland Rinebaugh
morehouse no

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt Olivet

DATE

Apr 13 1937

19. UNDERTAKER (ADDRESS)

Jas M Laughlin
1717 W. 12th St
St Louis Mo

20. FILED

APR 22 19

Ed Stratton

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from

April 12, 1937, to April 12, 1937I last saw him alive on April 12, 1937 Death is saidto have occurred on the date stated above, at 7:00 P.M.

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

Premature birth 6 to 8 mos

Date of onset

Other contributory causes of importance:

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)

W. G. Pugh

, M. D.

(Address)

Rothville, 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.

