MAY 31 1937

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

Do not use this space.

17407

File No. 43

Registered No. 1338

1. PLACE OF DEATH

County Ripley

Township Washington

City — (No. , St. Ward)

Registration District No. 754

Primary Registration District No. 5995

2. FULL NAME Jacob Rinnert

(a) Residence, No. 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: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July - 21 - 1866

7. AGE: 70 YEARS, 7 MONTHS, 7 DAYS. 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): Lincoln City Ind.

FATHER

13. NAME: unknown

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

MOTHER

15. MAIDEN NAME: unknown

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

17. INFORMANT (ADDRESS): W. J. Rinnert Naylor Mo.

18. BURIAL, CREMATION, OR REMOVAL: Antioch - Cem

PLACE Oxly - Mo DATE 19

19. UNDERTAKER (ADDRESS): Minnie Gish Naylor, Mo.

20. FILED 3/16 1937 H Everhett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to Mar 4, 1937

I last saw him alive on Mar 1, 1937 Death is said to have occurred on the date stated above, at 6 P.m.

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

	Date of onset
chronic nephritis	Jan
uremic coma	Jan
	prior

Other contributory causes of importance:

hypertension	Sonne

Name of operation: none 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? no

If so, specify

(Signed) H Everhett, M. D.

(Address) Naylor 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.