

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

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

Do not use this space.

REC'D APR 21 1938

11521

1. PLACE OF DEATH
County Monroe Registration District No. 581
Township _____ Primary Registration District No. 4343
City Monroe City (No. 325) West Sumner St. _____ Ward _____

2. FULL NAME Catherine Bridget Rhinehart 563
(a) Residence, No. 325 West Sumner St. 1st Ward.
(Usual place of abode)
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-29-1902

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>35</u>	<u>11</u>	<u>4</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgar Co Illinois

13. NAME Thomas M. Lawless

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

15. MAIDEN NAME Sarah M. McManus

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Co Ark

17. INFORMANT (ADDRESS) Richard R. Rhinehart Monroe City, Mo.

18. BURIAL, CREMATION, OR REMOVAL Holy Rosary Cemetery DATE Mar. 4 1938

19. UNDERTAKER (ADDRESS) Wilton + Son Monroe City Mo.

20. FILED 3/3-1938 J. D. Pipkin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-2 1938

22. I HEREBY CERTIFY That I attended deceased from April 26 1937 to March 2 1938
I last saw her alive on March 2 1938. Death is said to have occurred on the date stated above, at 11:25 a.m.
The principal cause of death and related causes of importance were as follows:
Hypertensive Cardiac - vascular Renal Disease Date of onset 4/26/37

Other contributory causes of importance: 131-

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) Harold J. C. Ellis D.O. M. D.
(Address) Monroe City Missouri

FORM 10-22-35 1 X9314

