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.

I X9314

REC'D JAN 24 1939

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

Do not use this space.

1. PLACE OF DEATH
County Howell
Township Hutton Valley
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 979
Primary Registration District No. 5537

File No. 2522
Registered No. .....

2. FULL NAME Thomas Braden Rinck
(a) Residence, No. Pomona, Mo. Rt 1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 57 yrs. 4 mos. 10 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) Aug. 23, 1881
7. AGE: YEARS 57 MONTHS 4 DAYS 10 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) Pomona, Mo. Rt. 1

FATHER
13. NAME David Rinck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Lizzie Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) L. W. Hunt Pomona, Rt. 1
18. BURIAL, CREMATION, OR REMOVAL
PLACE Last Camp Cem DATE Jan. 4 1939
19. UNDERTAKER (ADDRESS) Duncan Mt. View, Mo.
20. FILED Jan 4 1939 G. A. Caton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1939, to Jan 3, 1939
I last saw him alive on Jan 2, 1939. Death is said to have occurred on the date stated above, at 10 m.
The principal cause of death and related causes of importance were as follows:

Labor Pneumonia — Date of onset 12/25/38

Other contributory causes of importance: 100

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? .....
If so, specify No
(Signed) R. D. Gunn, M. D.
(Address) West Plains, Mo.

350