

REC'D FEB 28 1939

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard
Township Buck Creek
City (No. _____) _____

Registration District No. 840
Primary Registration District No. 6102

File No. 4092
Registered No. 1
St. _____ Ward _____

2. FULL NAME

Robert Herbert Reinert
(a) Residence, No. Purico R 2 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6 1/2 mo Baby

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Baby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1, 9, 39

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or _____ min.

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

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 0

12. BIRTHPLACE (CITY OR TOWN) Purico, R 2
(STATE OR COUNTRY) Missouri

13. NAME William Fred Reinert

14. BIRTHPLACE (CITY OR TOWN) Hamilton County
(STATE OR COUNTRY) Illinois

15. MAIDEN NAME Mary Jane Edwards

16. BIRTHPLACE (CITY OR TOWN) Buck Creek County
(STATE OR COUNTRY) Missouri

17. INFORMANT William Fred Reinert
(ADDRESS) Purico R 2, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chels Garnetty DATE 1, 10, 1939

19. UNDERTAKER (ADDRESS) _____

20. FILED Jan. 11, 1939 Bernard Haupt
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1, 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1, 9, 1939, to 1, 9, 1939, 1939

I last saw h.l.m. alive on 1, 9, 1939, 1939. Death is said to have occurred on the date stated above, at H.H.A. m.
The principal cause of death and related causes of importance were as follows:

Premature birth
6 1/2 mo.

Date of onset

Other contributory causes of importance: 154'

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1939

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? 0
If so, specify _____

(Signed) W. John H. Huber, M.D.

(Address) Purico, Mo.

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.

