

APR 20 1939

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

Do not use this space.

11910

1. PLACE OF DEATH

81 County Phillips
Township St James
City St James (No. St James Hospital)

Registration District No. 678
Primary Registration District No. 5904

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward. _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from 3-12, 1939, to 3-16, 1939

I last saw him alive on 3-16, 1939. Death is said to have occurred on the date stated above, at 8 a. m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21-1899

7. AGE YEARS 39 MONTHS 5 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

Pulmonary Embolism
Date of onset _____

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) 3-10-39

11. Total time (years) spent in this occupation 27

Other contributory causes of importance:
Heart operation
Appendicitis & Hernia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jakes Prairie Mo

13. NAME John Ringer

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

15. MAIDEN NAME Mary J. Licklider

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jakes Prairie Mo

17. INFORMANT (ADDRESS) Emily M. Arthur 629 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Licklider Cem DATE 3-18, 1939

19. UNDERTAKER (ADDRESS) W E Licklider St James Mo

20. FILED 4-1-, 1939 Elsie B. Houk Registrar

Name of operation Spinal Hernia Date of 3-14-39

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 1939

Where did injury occur? no (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____ (Signed) E. G. Scott, M. D.

(Address) St James Hospital

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.

WHITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1-28314

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

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Do not use this space.

1. PLACE OF DEATH
 (a) County Phelps Registration District No. 678
 (b) Township St James Primary Registration District No. 3904
 (c) City _____ (d) Street No. _____ Registered No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Herbert R. Reingiser
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 5 25
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) _____

FATHER 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16, 1939
 22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____, 19____
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Embolism
Chronic Cor. Arteriosclerosis
Appendicitis & Hernia
Hypertension
 Other contributory causes of importance:
Post-operative
appendix Hernia
 Name of operation appendix Hernia Date of _____
 What test confirmed diagnosis clinical 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 _____, 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 m
 Nature of injury m
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) E. G. Scott _____, M. D.
 (Address) St James

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY MOORE

SUPPLEMENTARY

HOWENA MOORE

MAY - 7 1939