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.

SEP 22 1932

Dr Hill

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

Do not use this space.

25731

1. PLACE OF DEATH

26 County Cole — Registration District No. 213 — File No. 181

3 Township — Primary Registration District No. 3014 — Registered No.

8 City Jefferson (No. ..... St. ..... Ward)

2. FULL NAME Mrs Bernadine Rincheval

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lewis Rincheval

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 17 1848

7. AGE: 84 YEARS — MONTHS: 4 — DAYS: 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Rhineland Mo

FATHER

13. NAME: Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ✓ 31

MOTHER

15. MAIDEN NAME: ✓

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

17. INFORMANT (ADDRESS): Mrs Charles Rincheval Jefferson City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Rhineland Mo DATE: 8-11 1932

19. UNDERTAKER (ADDRESS): Thorpe J Gordon Jefferson City Mo

20. FILED: 8/14 1932 W. Bedford Registrar.

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1932, to Aug. 9, 1932

I last saw her alive on Aug 8, 1932 Death is said to have occurred on the date stated above, at 9 A m.

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

Broncho Pneumonia — Terminal — Date of onset: Aug 3-32

82A
107A

Other contributory causes of importance: Cerebral Haemorrhage — July 2-32

Name of operation ..... Date of .....

What test confirmed diagnosis? dim'd 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) Jas A. Hill, M. D.

(Address) Jefferson City Mo

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