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

Do not use this space.

27009

SEP 16 1935

1. PLACE OF DEATH

63 County Maries — Registration District No. 546 — File No.

Township Johnson — Primary Registration District No. 5735 — Registered No. 15

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Bessie M Rinehart

(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 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: G H Rinehart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 20 - 1886.

7. AGE: 49 YEARS — MONTHS: 2 — DAYS: 26 — 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): 8-16-1935
11. Total time (years) spent in this occupation: 25 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sape Mo

FATHER

13. NAME: Green C Beckham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maries Co Mo

MOTHER

15. MAIDEN NAME: Ollie Glenn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Phelps Co Mo

17. INFORMANT (ADDRESS): G H Rinehart Sape Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Grove DATE: 8-18, 1935

19. UNDERTAKER (ADDRESS): W E Lickliter St James Mo

20. FILED: Aug 26, 1935 Sam A. Warner, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-16, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1935, to Aug 16, 1935

I last saw her alive on 8-16, 1935. Death is said to have occurred on the date stated above, at 6:00 P.m.

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

	Date of onset
Cerebral Emboli	8/16/35 4:30 PM

Other contributory causes of importance:

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) William H Breuer, M. D.

(Address) St James Mo