

MAR 18 1937

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

Do not use this space.

5817

1. PLACE OF DEATH

36 County Franklin
7 Township
2 City Union

Registration District No. 216

Primary Registration District No. 4150

File No.

Registered No.

2. FULL NAME Victor B. Reinhard

(a) Residence, No. 101 Church St., Ward.

Length of residence in city or town where death occurred 36 yrs. 6 mos. 13 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) July 28, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 6 13

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cob Pipe Factory

10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union, Missouri

13. NAME Charles P. Reinhard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union, Missouri

15. MAIDEN NAME Dolphie Ridder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy, Illinois

17. INFORMANT Mrs. Helen Reinhard (ADDRESS) Union, Missouri

18. BURIAL, CREMATION, OR REMOVAL Union Cemetery (ADDRESS) Union, Mo. DATE 2-13-1937

19. UNDERTAKER Union Furn. Co. (W.H. Horn) (ADDRESS) Union, Missouri

20. FILED Mar 37 J. Marshall M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-1-1937 to 2-11-1937

I last saw him alive on 2-11-1937. Death is said

to have occurred on the date stated above, at 2 P. m.

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

Broncho-pneumonia - Primary Date of onset 2-10-17

Other contributory causes of importance:
Smoke Aspiration from a pipe
Chronic Alcoholism

Name of operation None Date of

What test confirmed diagnosis? Physical 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) H. M. Denny, M. D.

(Address) Union, Mo.

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.

