

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.

REC'D MAY 13 1938

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

15739
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Francois Registration District No. 773
 (b) Township St. Francois Primary Registration District No. 6018A
 (c) City Farmington (d) Street No. State Hospital No. 4 Registered No. 42
 (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) St.
 2. PRINT FULL NAME Thomas Francis Riner 560
 (a) Residence, No. St. Louis, Missouri 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25th, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>54</u>	<u>0</u>	<u>6</u>	

OCCUPATION

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

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mounds City Kansas
 13. NAME Charles E. Riner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wateska Illinois

MOTHER

15. MAIDEN NAME Mary Jane Blair
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Huron Michigan

17. INFORMANT State Hospital No. 4 Records (ADDRESS) Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE 4-4-38, 1938

19. FUNERAL DIRECTOR Clark Undertaking Co. (ADDRESS) St. Louis, Missouri

20. FILED Apr 2 - 38 1938 J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-1-38, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1938 to April 1, 1938
 I last saw h. live alive on April 1, 1938. Death is said to have occurred on the date stated above, 88:20 P.M.
 The principal cause of death and related causes of importance were as follows:
General Paralysis of the Insane
 Date of onset 83

Other contributory causes of importance:
Generalized Arteriosclerosis and Chronic Nephritis

Name of operation..... Date of.....
 What test confirmed diagnosis? Chemical 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?.....
 If so, specify.....
 (Signed) P. J. Tate, M. D.
St. Hosp. # 4 Farmington Mo
1938 (Address)

STATEMENT BY LICENSED EMBALMER

I, Nellie Harter, Licensed Embalmer No. 2969

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Nellie Harter
Licensed Embalmer No. 2969

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)