

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

Do not use this space.

10855

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.

1. PLACE OF DEATH

County..... Shannon
Towship..... Jackson
City..... Rector (No.)

Registration District No. 637
Primary Registration District No. 6084

File No. 5
Registered No.
St. Ward)

2. FULL NAME..... Harris Rhinehart

(a) Residence. No. St. Ward.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u> <u>X</u> <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 4, 1917</u>		
7. AGE	YEARS <u>9</u>	MONTHS <u>7</u>
	DAYS <u>11</u>	IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... School boy

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Deer Co. Mo.

10. NAME OF FATHER..... Vernon Rhinehart

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Deer co. Mo.

12. MAIDEN NAME OF MOTHER..... Alpha Harris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Reynolds co. Mo

14. INFORMANT..... Vernon Rhinehart
(Address) Rector Mo.

15. FILED..... Apr 27 1927 Mrs. Glenn Dooley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 15, 1927

17. I HEREBY CERTIFY, That I attended deceased from March 12, 1927, to Mar. 15, 1927 that I last saw him alive on Mar. 14, 1927, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
measles complicated by Adinitis
7.11 (duration)..... yrs. mos. da.

CONTRIBUTORY (SECONDARY).....
(duration)..... yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?.....
(Signed) J. G. Welch, M. D.
, 19 (Address) Salem Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL..... Cedar Grove cem
DATE OF BURIAL..... 3/16 1927

20. UNDERTAKER..... M. D. Hobson
ADDRESS..... Salem Mo

