

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.

29 1928

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

Do not use this space.

12364

1. PLACE OF DEATH  
 County, Duchesne Registration District No. 85  
 Township, St Joseph Primary Registration District No. 1001  
 City, St Joseph No. 1204 A 12 File No. \_\_\_\_\_  
 Registered No. 474 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ollie Reneer  
 (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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 22 1845

7. AGE: YEARS 82 MONTHS 4 DAYS 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Home work  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Wisconsin  
 (STATE OR COUNTRY)

10. NAME OF FATHER Lee Rice

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

14. INFORMANT Ed Reneer  
 (Address) 2007 Main  
 FILED 12 1928  
 REGISTRAR John G. [Signature]

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 15 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 16 1928, to April 12 1928 (that I last saw her alive on April 8 1928, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic myocarditis  
930  
97 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY Arterial sclerosis  
 (SECONDARY) (duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 9013  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS Clinical  
 (Signed) Charles B. Werner M. D.  
Apr 15 1928 (Address) 315 Kirkpatrick Blvd

\*State the DISEASE CAUSING DEATH, or if death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) CHARACTER OF DEATH (SUICIDAL OR HOMICIDAL).

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Amazonia Mo DATE OF BURIAL 4/16 1928

20. UNDERTAKER Heeman Funeral Home ADDRESS 1208 Hancock

