2 1928

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

Do not use this space.

23229

1. PLACE OF DEATH
County Cape Co. Registration District No. 125 File No. 1155
Township 11 Primary Registration District No. 5178 Registered No.
City R. F. D. # 4 (No. ..... St. ..... Ward)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Femal.
4. COLOR OR RACE Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1842
7. AGE Years 86 Months ✓ Days ✓ If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework.
(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) Don't Know
PARENTS
10. NAME OF FATHER Don't Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) //
12. MAIDEN NAME OF MOTHER //
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) //
14. INFORMANT Mr Isic Renfro
(Address) Cape Girardeau Mo
15. FILED 7/17, 1928 W C Kaempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-16-28 19
17. I HEREBY CERTIFY, That I attended deceased from July 11, 1928, to July 16, 1928 that I last saw him alive on July 16, 1928, and that death occurred, on the date stated above, at 5:30 A.M. a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Asthma Endo-Carditis
92 H
112 For Years (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Bronchial Asthma For Years (duration) yrs. mos. ds.
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? Physical
(Signed) D H Haper
7-17, 1928 (Address) Cape Girardeau 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 Shady Grove Cemetery Cape Co. DATE OF BURIAL 7-18-28
20. UNDERTAKER Al. Brink & Co. ADDRESS Cape Girardeau 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.