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

Do not use this space.

7334

1. PLACE OF DEATH

County Montgomery — Registration District No. 592 — File No. 18

Township " " — Primary Registration District No. 5790 — Registered No.

City Near Montgomery (No. ..... St. ..... Ward)

2. FULL NAME Oscar R. Renner

(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 29 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 29th 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	52	II	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Near
(STATE OR COUNTRY) Union Missouri

PARENTS

10. NAME OF FATHER Arnold Renner

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

12. MAIDEN NAME OF MOTHER Sophia Brunes

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

14. INFORMANT Cherles Renner
(Address) Montgomery City Mo

15. FILED 2/4 1929 D. J. Bentley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4th 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1929, ~~[illegible]~~ 1929, to Jan 28, 1929, that I last saw him alive on Jan 28, 1929 and that death occurred, on the date stated above, at 9:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Exhaustion from Cancerous Abnormal tumor of Ten years duration

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Not Known

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ten or more years in early history

3 DID AN OPERATION PRECEDE DEATH? Yes DATE OF disease

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Operation in St Louis Hospital

(Signed) D. G. E. Muns, M. D

Feb 5, 1929 (Address) Montgomery City 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 High Point Cemetery Near Montgomery Mo — DATE OF BURIAL 2/5/29 19

20. UNDERTAKER C. W. HOPKINS — ADDRESS MONTGOMERY MO

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Montgomery — Registration District No. 392 — File No.
Township " " — Primary Registration District No. 3790 — Registered No. 18
City (No. , St. Ward)

2. FULL NAME Oscar R. Penner

(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Wid

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

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

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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)

PARENTS
10. NAME OF FATHER
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
(Address)

15. Filed 4/10 1929 D. J. Bentley Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-4-1929

17. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19, that I last saw h. alive on , 19, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Exhaustion from Cancerous Abdominal Tumor for 7 years duration
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Abdominal Tumor
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) , M. D.
, 19 (Address)

*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 — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

S(2)-7334

me: Oscar R. Renner

o died at: Montgomery Co. on Feb. 4, 1929,

sidence: No. _____ St. _____
(If nonresident, city or town)

ngth of residence in city or
town where death occurred: Years _____ Months _____ Days _____

x: _____ Color or race: _____ Single, married, widowed or divorced: _____

te of birth: _____ Age: Years ____ Months _____ Days _____

cupation: (a) Trade _____ (b) Industry: _____

rthplace (State or country) _____

rthplace of father (State or country) _____

rthplace of mother (State or country) _____

USE OF DEATH: Exhaustion from Cancerous abnormal Tumor of few years duration

ntributory: ~~[illegible]~~ abdominal Tumor.

ere was disease contracted? _____

d operation precede death? yes Date of _____

s there an autopsy? _____ What test confirmed diagnosis? _____

me of physician: Dr. J. E. Munns - Abdominal tumor

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