

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

Do not use this space.

X 18784
File No. _____
Registered No. 114
St. _____ Ward _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 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 Marion Registration District No. 547
 Township MOORE Primary Registration District No. 3079
 City Hannibal (No. St. Elizabeth Hospital)
 2. FULL NAME Lorna Renner
 (a) Residence. No. 207 Goldust 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 Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willard R. Renner
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 30 - 1896
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
33 1 8
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

10. NAME OF FATHER James F. Barrett
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pike Co.
 (STATE OR COUNTRY) Mo.
 12. MAIDEN NAME OF MOTHER Ann E. Brauetoter
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pike Co.
 (STATE OR COUNTRY) Mo.

14. INFORMANT Willard R. Renner
 (Address) Hannibal, Mo.

15. FILED 5/8 29 1929 W. A. Steele
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1929
 17. I HEREBY CERTIFY, That I attended deceased from April 22, 1928, to May 8, 1929 that I last saw L. R. alive on May 7, 1929, and that death occurred, on the date stated above, at 1:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septic Peritonitis
14517.
149 B
129 (duration) _____ yrs. _____ mos. 10 ds.

CONTRIBUTORY (SECONDARY) Childbirth
 (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) J. C. Keltner, M. D.
 , 19 29 (Address) 500 Dairy Hannibal 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 Vandalia Mo. DATE OF BURIAL May 10 1929

20. UNDERTAKER W. M. Smith ADDRESS Hannibal

