

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

Do not use this space.

29002

1. PLACE OF DEATH

County Wright
Township Clark
City Morwood (No.)

Registration District No. 1122
Primary Registration District No. 6226

File No.
Registered No. 12
St. Ward)

2. FULL NAME

Andrey Maxine Remnell

(a) Residence. No. St. Ward.
(Usual place of abode)

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 26, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 17 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) Morwood
(STATE OR COUNTRY) Wright Co Missouri

PARENTS

10. NAME OF FATHER Charles Chester Remnell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Manassas
(STATE OR COUNTRY) Wright Co Missouri

12. MAIDEN NAME OF MOTHER Imogene M. King

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Morwood
(STATE OR COUNTRY) Wright Co Missouri

14. INFORMANT Lucyellah Shepard
(Address) Rental Morwood Mo.

15. FILED 9/27, 1930 W.B. Bouldier
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) August 27, 1930

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw him alive on August 27, 1930, and that death occurred, on the date stated above, at 8:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Murmur
that it was heart
lesion
95B (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 900 (duration) yrs. mos. da.

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

8 Did an operation precede death?..... DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) L. J. Young, M. D.

9/1, 1930 (Address) Morwood 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 DATE OF BURIAL
Macomb Mo 9/27, 1930

20. UNDERTAKER None ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

X. 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.

