

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

Do not use this space.

5656

**1. PLACE OF DEATH**

County JACKSON  
 Township KA<sup>W</sup>  
 City KANSAS CITY, MO. (No.         )

Registration District No. 309  
 Primary Registration District No. 1065  
1829 JARBOE

File No.           
 Registered No. 747  
 St.          Ward         

**2. FULL NAME** MRS. LOUISE A RENNE

(a) Residence. No. 1829 JARBOE? K.C.MO. St. 3 Ward.         

(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 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 GEO. RENNE

6. DATE OF BIRTH (MONTH, DAY AND YEAR) FEB. 23, 1890.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
40 11 22 21

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work HOUSEWIFE 235  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) DEADWOOD S. DAK. (STATE OR COUNTRY) 2

10. NAME OF FATHER JESSE CHAPMAN

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

12. MAIDEN NAME OF MOTHER SUSIE RYALL

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) MO. 1

14. INFORMANT HUSBAND (Address) RENNE \*\* GEO. 1829 JARBOE

15. FILED 2/16, 1931 M. M. Lesperance REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb; 14. 1931

17. 24 HEREBY CERTIFY, That I attended deceased from Jan. 14. 1931 to Feb. 14. 1931 that I last saw ER alive on February 13, 1931, and that death occurred, on the date stated above, at 6:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

31 9113  
LUETIC ENDOCARDITIS.

(duration) ? yrs.          mos.          ds.  
 CONTRIBUTORY LUES. (SECONDARY) (duration) ? yrs.          mos.          ds.

18. WHERE WAS DISEASE CONTACTED IF NOT AT PLACE OF DEATH. Unknown.

DID AN OPERATION PRECEDE DEATH? NO. DATE OF         

WAS THERE AN AUTOPSY? NO.

WHAT TEST CONFIRMED DIAGNOSIS Massarian man  
 (Signed) [Signature] M.D.  
2/15, 1931 (Address) 715 Argyle

\*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 FOREST HILL DATE OF BURIAL 2 - 16 - 31.

20. UNDERTAKER PETER B. LAPETINA ADDRESS K.C.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.

