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.

AUG 29 1931

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

Do not use this space.

22461

1. PLACE OF DEATH

89 County Ralls — Registration District No. 726 — File No.

Township Saverton — Primary Registration District No. 5968 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Charlotte C Reneau

(a) Residence, ~~No.~~ Saverton township Ralls Co. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF Robert M Reneau

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24, 1842

7. AGE: YEARS 89 — MONTHS 4 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known West Virginia

FATHER

13. NAME Isaac Kelley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Not known

17. INFORMANT (ADDRESS) Mrs Maude Scott (Daughter) Saverton, Missouri

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
PLACE Corinth near Clarksville DATE June 20, 1931

19. UNDERTAKER (ADDRESS) Wm M. Smith 902 Bdwy Hannibal, Missouri

20. FILED 6/29 1931 Sylvester Kus Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1931, to June 18, 1931

I last saw her alive on June 17, 1931. Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

Epithelioma of face — Date of onset

52 52

Other contributory causes of importance: 1328

uremia

Name of operation — Date of —

What test confirmed diagnosis? Gal Sympt Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) A. L. Shaw, M. D.

(Address) Hannibal Mo