

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

Do not use this space.

24870

File No. 102

Registered No. _____

St. _____ Ward _____

1. PLACE OF DEATH

County Howell

Registration District No. 384

Township 11

Primary Registration District No. 4227

City West Plains, Mo.

2. FULL NAME

Charles Dixon Renfrow.

(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 Male 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 Stella Renfrow.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1887

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>44</u>	<u>1</u>	<u>21</u>		

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

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) March 31

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Plains, Mo.

FATHER 13. NAME Verge P. Renfrow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green, Ky.

MOTHER 15. MAIDEN NAME Nancy Monks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT V. P. Renfrow

(ADDRESS) West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn DATE July 15, 1931

19. UNDERTAKER Hal Thompson

(ADDRESS) West Plains, Mo.

20. FILED 7-15-1931 O. A. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1931 to July 13, 1931

I last saw him alive on July 13, 1931 Death is said

to have occurred on the date stated above, at 7:30 m.

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

Chronic cardio-renal disease Date of onset 1925

(1) Chronic degenerative myocarditis

(2) Chronic mitral valvular regurgitation

(3) Chronic interstitial nephritis

Other contributory causes of importance

131

925

930

131

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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) E. Claude Rohrer, M. D.

(Address) West Plains, Mo.

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 6 1931

