

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.

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

Do not use this space.

36936

1. PLACE OF DEATH 85  
County Buchanan Registration District No.  
Township Primary Registration District No. 1001  
City St Joseph (No. St Joseph Hospital) St. Ward

File No.  
Registered No. 1167

2. FULL NAME Mildred Reno.  
(a) Residence, No. 1211 4th Ave. 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 Cecil E Reno.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 13, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
21 0 7

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

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) Oct. 1931. 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) Manchester (STATE OR COUNTRY) Oklahoma

13. NAME M. F. Freeman

14. BIRTHPLACE (CITY OR TOWN) St Joseph (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Clethra Chaney

16. BIRTHPLACE (CITY OR TOWN) Spencer (STATE OR COUNTRY) Indiana

17. INFORMANT M. F. Freeman (ADDRESS) 1211 4th Ave. St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Ashland Cemetery PLACE St Joseph Mo. DATE Nov. 23 1931

19. UNDERTAKER H. L. Sellenfaden (ADDRESS) 1802 Union St St Joseph Mo.

20. FILED NOV 23 1931 John R. Bender Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1931, to Nov. 20, 1931. I last saw h. or alive on Nov. 7, 1931. Death is said to have occurred on the date stated above, at 3P. m. The principal cause of death and related causes of importance were as follows:

Pneumonia-lobar - 11/9/31  
Pleurisy - sero-fibrinous 11/1/31  
Endocarditis 7/1/31  
Acute Rheumatic Fever 7/1/31  
Nephritis - chr. Unknown

Other contributory causes of importance:  
108  
131  
92B

Name of operation None Date of operation None  
What test confirmed diagnosis? X-ray test. 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 G. T. Bloomer, M. D. (Signed) 1218 N. 3rd St. St. Joseph, Mo. (Address)

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