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.

APR 26 1932

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

Do not use this space.

8230

1. PLACE OF DEATH

45 County Howard. Registration District No. 378 File No.

2 Township Primary Registration District No. 4222 Registered No. 378

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

2. FULL NAME Mrs Minnie B. Rennolds.

(a) Residence, No. 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 John Rennolds.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/3/1865

7. AGE 67 YEARS MONTHS # DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Missouri 1

FATHER

13. NAME John Morgan Naylor.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia. 2

MOTHER

15. MAIDEN NAME Amanda Burton,

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

17. INFORMANT (ADDRESS) Moss Rennolds. Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetary DATE 3/20/32 19

19. UNDERTAKER (ADDRESS) Gy T. Halley. Fayette, Mo.

20. FILED 3-22 1932 V L Bookum Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/18/32, 19

22. I HEREBY CERTIFY, That I attended deceased from October, 1931, to March 18, 1932

I last saw her alive on March 18, 1932 Death is said to have occurred on the date stated above, at 9:30 A. m.

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

	Date of onset
Myocarditis	1929
93 C	
77	

130

Other contributory causes of importance:

Arterio sclerosis	1929

1

Name of operation none Date of

What test confirmed diagnosis? Phys. finding Was there an autopsy?

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) Wm. L. Thrust, M. D.

(Address)