

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

Do not use this space.

9567

1. PLACE OF DEATH

80 County Pettis
Township Lake Creek
City..... (No..... St..... Ward)

Registration District No. 609
Primary Registration District No. 5897

File No.....
Registered No. 3
St..... Ward)

2. FULL NAME

Died Unnamed Infant of Joe Rensch

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male | white | single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

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

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Joe Rensch

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

12. MAIDEN NAME OF MOTHER Eda Buehl

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

14.

INFORMANT (Address)

15.

FILED Apr 9, 1932 Mrs J L Mouser REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21 1932

17. I HEREBY CERTIFY, That I attended deceased from March 21, 1932, to March 21, 1932 (that I last saw him alive on March 21, 1932 and that death occurred, on the date stated above, at 1:05 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth
7 1/2 months
159 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 159 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

9 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF..... (1)

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Harry Bay M. D.

3/22, 1932 (Address) Cole Camp, Mo.

*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

Bayner Cem

20. UNDERTAKER

Friends

DATE OF BURIAL

3-22 1932

ADDRESS

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 28 1932

MISSOURI STATE BOARD OF HEALTH - BUREAU OF VITAL STATISTICS - DEPARTMENT OF HEALTH

