

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

Do not use this space.

32042

1. PLACE OF DEATH
 40 County Grundy Registration District No. 332
 Township Harrison Primary Registration District No. 5463
 City..... (No.....) St..... Ward.....

2. FULL NAME Samuel R. Renfro
 (a) Residence, No. R. 7 D - Lindall mo 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.

File No.....
 Registered No. 9
 St..... Ward.....

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 Caroline Renfro
 (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 - 1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 8 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. James
 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) mo 1
 13. NAME Christopher Renfro
 14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Ky 3
 15. MAIDEN NAME Susan Thieldkil
 16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) mo 1
 17. INFORMANT Ms Caroline Renfro
 (ADDRESS) Lindall mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Salem DATE Oct 11 1932
 19. UNDERTAKER Lippson Funeral Home
 (ADDRESS) Trenton mo
 20. FILED Oct 11 1932 Marion Piddle
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1932
 22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1932 to Oct 9 1932
 I last saw him alive on Oct 8 1932. Death is said to have occurred on the date stated above, at 10:15 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 10-6-32
82 A
 Other contributory causes of importance:
None
 Name of operation..... Date of.....
 What test confirmed diagnosis? Clinical 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) J. R. Rocks, M. D.
 (Address) Trenton 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.

NOV 23 1932

