

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

Do not use this space.

32408

1. PLACE OF DEATH

County Jackson
Township Law
City J.C. Mo. 1422 Olive Ave.

Registration District No. 888
Primary Registration District No. 7008
(No. 1422 Olive Ave.)

File No. 3937
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Olivia Jane Trenergy
(a) Residence, No. 1422 Olive 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 <u>Fe</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 27 - 1846</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>85</u>	<u>9</u>	<u>22</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cornwall England</u>
	13. NAME <u>Wm. Martin</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>
	15. MAIDEN NAME <u>W. Record</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Record 31</u>
17. INFORMANT (ADDRESS) <u>Olivia J. Trenergy 1422 Olive</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mough</u> DATE <u>Oct. 21 1932</u>	
19. UNDERTAKER (ADDRESS) <u>Mrs. C. L. Foster</u>	
20. FILED <u>Oct 19 5 21 P.M. Browe</u> <u>Asst Registrar</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 19 1932

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1932, to Oct 19, 1932
I last saw her alive on Oct 15, 1932 Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
Angina Pectoris July 30
Arterial Sclerosis

Name of operation none 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? no Date of injury _____, 19____
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Fred Hatch, M. D.
(Address) 1010 Chambers Bldg

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.

Chas. 5503

Chas. W. Johnson