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

Do not use this space.

189

File No. .....
Registered No. 1

1. PLACE OF DEATH

County: Bentley
Township: Fairplay
City: ..... (No. ..... St. ..... Ward)

Registration District No. 64
Primary Registration District No. 5700

2. FULL NAME Sarah L Renau

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W	widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	85	1	11	

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): 11B 16
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Tennessee

PARENTS

10. NAME OF FATHER Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Renau
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tennessee

14. INFORMANT Hillie Dalley
(Address)

15. FILED Jan 14 1933 M. E. Watson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 7th 1933, to ....., 19..., that I last saw h. alive on Jan 7th 1933 and that death occurred, on the date stated above, at 1 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility & Chr Alex

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Home
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) W. M. Dailey, M. D.
, 19 (Address)

*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	DATE OF BURIAL
Massey	Jan 13 1933
20. UNDERTAKER James M. Ketchum	ADDRESS Trenton Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

8 23 1933