

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

Do not use this space.

1. PLACE OF DEATH

County..... Buchanan Registration District No. 85
Township..... Primary Registration District No. 1001
City..... St. Joseph, (No. Missouri Methodist Hospital St. _____ Ward)

File No. 277
Registered No. 29

2. FULL NAME

Francis M. Renner

(a) Residence, No. 3025 Locust St. St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Amber Renner</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 3, 1897</u> | | |
| 7. AGE YEARS <u>35</u> | MONTHS <u>2</u> | DAYS <u>4</u> |
| If LESS than 1 day, _____ hrs. or _____ min. | | |

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Railway Clerk</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Burlington Railway</u> |
| | 10. Date deceased last worked at this occupation (month and year) <u>Dec. 25, 1932</u> |
| | 11. Total time (years) spent in this occupation <u>10</u> |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron, Mo.

13. NAME John Renner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Graham, Mo.

15. MAIDEN NAME Elsie M. Morgan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Graham, Mo.

17. INFORMANT (ADDRESS) John Renner 3025 Locust St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Graham, Missouri DATE Jan. 9, 1933

19. UNDERTAKER (ADDRESS) Walter McElduffe 1302 Faraon St., St. Joseph, Mo.

20. FILED 1-8-33 John R. Bender Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 4.25 A.M.
The principal cause of death and related causes of importance were as follows:

Thrombosis of Cerebral Artery Date of onset unk
210 2:00 PM 1/7/33
Other contributory causes of importance:
Injured as auto accident
Head on collision cause
unknown

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury _____, 19____.
Where did injury occur? At Joplin, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public place
Collision of cars
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Forrest Thomas M. D.
(Address) 801 1/2 Hill St. St. Joseph, 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.

LB 22 1933

