

Dr Tinsley

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

Do not use this space.

2440

1. PLACE OF DEATH

70 County Montgomery Registration District No. 592  
5 Township ..... Primary Registration District No. 4250  
2 City Montgomery (No. ....) St. .... Ward .....

File No. ....

Registered No. ....

2. FULL NAME Arnold A. Renner

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

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 (OR) WIFE OF Mrs Anna Renner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 th 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 I I4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) Union Missouri  
(STATE OR COUNTRY)

13. NAME Arnold Renner

14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

15. MAIDEN NAME Un Known

16. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

17. INFORMANT Mrs Anna Renner  
(ADDRESS) Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Montgomery DATE I/15/33, 19 .....

19. UNDERTAKER C. W. Hopkins  
(ADDRESS) Montgomery City, Mo.

20. FILED Feb 10 1933 D. J. Beatty  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 th 19 33

22. I HEREBY CERTIFY That I attended deceased from Aug 1932 to Jan 15, 1933

I last saw him alive on Jan 9, 1930 Death is said to have occurred on the date stated above, at 6:30m AM

The principal cause of death and related causes of importance were as follows:

97 Arterio Sclerosis (Date of onset ?)

Other contributory causes of importance:

Name of operation ? Date of .....

What test confirmed diagnosis? Clinical as 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) E.W. Tinsley, M. D.  
(Address) Montgomery City 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.

1933

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