

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

Do not use this space.

4356

1. PLACE OF DEATH

103 County Callaway
Township Rock
City New Livingston Mo. (No. _____)

Registration District No. 834
Primary Registration District No. 6097

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME

William Rice Rengor
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1862
7. AGE YEARS 70 MONTHS 7 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farm laborer
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 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co. Mo.

13. NAME William Rengor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Elizabeth English

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) J. E. Rengor Advance mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge Cem Mo. DATE Jan 13, 1933

19. UNDERTAKER (ADDRESS) Stacy S. Morgan Advance Mo.

20. FILED 1-13-1933 C. M. Kearley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13-1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1933 to Jan 12, 1933
I last saw him alive on Jan 12, 1933. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

suicide, self administered poison
103X
103
Other contributory causes of importance: poor health

Name of operation none Date of _____
What test confirmed diagnosis? history Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury Jan 12, 1933
Where did injury occur? Internal (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury poison medicine
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) C. E. Lewis, M. D.
(Address) Advance Mo.

WRITE CLEARLY 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.

1933

