

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

Do not use this space.

8835

APR 24 1933

1. PLACE OF DEATH
 County Chariton Registration District No. 169
 Township Brunswick Primary Registration District No. 5235
 City Brumley (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 14

2. FULL NAME EDWARD C. RENO
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

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. E. C. Reno
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 - 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 9 11
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmwork
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 13. NAME John B. Reno
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 15. MAIDEN NAME Lara Bates
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 17. INFORMANT E. A. Reno
 (ADDRESS) Brunswick Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE PHOENIX CHAPEL CEM DATE Mar 11 1933
 19. UNDERTAKER W. Marshall
 (ADDRESS) Brunswick Mo
 20. FILED Mar 11 1933 Harry E. Tatum
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9 1933
 22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1932 to Mar 9 1933
 I last saw him alive on Mar 1 1933 Death is said to have occurred on the date stated above, at 9 A. m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of the stomach
45 B
 Other contributory causes of importance: _____
 Name of operation abdominal exploratory incision Date of _____
 What test confirmed diagnosis? f Was there an autopsy? _____
 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? _____
 If so, specify _____
 (Signed) Harry E. Tatum, M. D.
 (Address) Brunswick 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.

