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.

APR 24 1933

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

Do not use this space.

8943

1. PLACE OF DEATH

26 County Cole — Registration District No. 213 — File No. 78

2 Township — Primary Registration District No. 3014 — Registered No.

8 City Jefferson (No. , St. Ward)

2. FULL NAME Mrs. Cora Belle Reno

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: J.B.Reno

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June-4-1877

7. AGE: YEARS 55 — MONTHS 9 — DAYS 20 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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) (STATE OR COUNTRY): New Bloomfield, Mo

FATHER
13. NAME: Madison Sanford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sanford, Ills

MOTHER
15. MAIDEN NAME: Armitta Reynolds
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): J.B.Reno, Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Guthrie, Mo. DATE Mar-26- 1933

19. UNDERTAKER (ADDRESS): Norris J. Gordon, Jefferson City, Mo

20. FILED 4/5/ 1933 W. Bedford, Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw her alive on March 24, 1933. Death is said to have occurred on the date stated above, at 8:25 p.m.

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

	Date of onset
Uremic Convulsions	
133A	
1320	
133	

Other contributory causes of importance: Pyelitis

Name of operation — Date of

What test confirmed diagnosis? Was 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?
If so, specify
(Signed) W. Bedford, M. D.
(Address) J. C. Mo.