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

Do not use this space.

File No. 22406

Registered No. 742

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph, Mo. (No. 721 Paris Ave. St. Ward)

2. FULL NAME Edgar Reneer

(a) Residence, No. 721 Paris Ave St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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 Frances Peneer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
50	3	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster
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) Omaha, Nebraska

FATHER
13. NAME Dan Reneer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps, Missouri

MOTHER
15. MAIDEN NAME Polly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown

17. INFORMANT Frances Reneer,
(ADDRESS) St. Joseph, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Amazonia Mo DATE July 29, 1933

19. UNDERTAKER Fleeman Mortuary, Inc.,
(ADDRESS) St. Joseph, Mo.

20. FILED 7-27 1933 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 12 1933 to July 26 1933, 1933, I last saw him alive on July 26 1933. Death is said to have occurred on the date stated above, at 10:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	7/12/33

Other contributory causes of importance:

Arteriosclerosis

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? No
If so, specify .....

(Signed) Leroy Beck, M. D.
(Address) 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.

AUG 26 1933