

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.

OCT 20 1933

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

Do not use this space  
28948

1. PLACE OF DEATH  
County Callaway Registration District No. 109  
Township Guthrie Primary Registration District No. 5-162  
City..... (No.....) St. .... Ward.....  
File No.....  
Registered No. 567 St. .... Ward.....

2. FULL NAME Matilda J. Renoe  
(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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. H. Renoe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/23/1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>80</u>	<u>5</u>	<u>29</u>	

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) 7-9-33

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Robert C. Guthrie

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

15. MAIDEN NAME Mary J. Chalfant

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

17. INFORMANT L. B. Guthrie  
(ADDRESS) New Bloomfield Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Int. Carmel DATE 9/24 1933

19. UNDERTAKER Ray A. Holt  
(ADDRESS) New Bloomfield

20. FILED Oct 10 1933 E. M. Rusk  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/22 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1933, to Sept 22 1933  
I last saw her alive on Sept 25 1933. Death is said to have occurred on the date stated above, at 11:30 P. M.  
The principal cause of death and related causes of importance were as follows:  
Apoplexy Date of onset 9/22/33  
arterio sclerosis  
Other contributory causes of importance:  
arterio sclerosis

Name of operation..... Date of.....  
What test confirmed diagnosis? Physic 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) E. M. Rusk, M. D.  
(Address) New Bloomfield Mo

