

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

Do not use this space.

APR 25 1934

9139  
1337

PLACE OF DEATH

County Jackson

Registration District No. 597

Township Jackson

Primary Registration District No. 1337

City Kennett Mo

No. Lakeside Hospital

File No. 9139

Registered No. 1337

St. Indep. Mo Ward

2. FULL NAME Gibendolyn Lucille Rentfro

(a) Residence No. 1900 Cedar St. Indep. Mo Ward. Indep. Mo  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 13 da. How long in U.S., if of foreign birth? - yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 24 1934

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

17. HEREBY CERTIFY, That I attended deceased from Mar 21 1934 to Mar 24 1934 that I last saw h. alive on Mar 24 1934, and that death occurred, on the date stated above, at 6:30 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 20, 1926

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mins.  
7 5 4

Acute Detention Attack  
CONTRIBUTORY Acute Appendicitis (SECONDARY) (duration) yrs. mos. 2 da.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH 1900 Cedar Ave Male Jenkins

9. BIRTHPLACE (CITY OR TOWN) Richmond, Mo. (STATE OR COUNTRY)

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Mar 22 1934

10. NAME OF FATHER Emmett Walter Rentfro

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Richmond Mo DATE OF BURIAL Mar 27 1934

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rayville Mo. (STATE OR COUNTRY)

20. UNDERTAKER A W. Manaw ADDRESS Richmond Mo

12. MAIDEN NAME OF MOTHER Gladys Cloghlin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Richmond Mo. (STATE OR COUNTRY)

14. INFORMANT Emmett W Rentfro (Address) Indep. Mo

15. FILED Mar 24 34 M. M. Crowe REGISTRAR Asst

RECORD OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY.

Certificate Appendectomy

