

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.

JAN 20 1936

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

Do not use this space.

40708

1. PLACE OF DEATH

County Randolph
Township
City Moberly Mo (No. Woodland Hospital)

Registration District No. 735
Primary Registration District No. 3294

File No.
Registered No. 214
St. Ward)

2. FULL NAME

(a) Residence, No. Edward Alexander Reno St. Brunswick Mo 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mattie Beulah Reno

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 - 1886

7. AGE YEARS 49 MONTHS 7 DAYS 5 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worked for self

10. Date deceased last worked at this occupation (month and year) Dec 12 35 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Mo
Chariton Co.

13. NAME Edward Coran Reno

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

15. MAIDEN NAME Mary Louise Rugh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Mo

17. INFORMANT (ADDRESS) Henry Reno
Brunswick Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Travis Chapel DATE Dec 20 35

19. UNDERTAKER (ADDRESS) W. Heibel
Brunswick Mo

20. FILED 12/19 1935 Virginia C. Heibel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1935, to Dec. 19, 1935
I last saw him alive on Dec. 19, 1935. Death is said to have occurred on the date stated above, at 12:18 A.M.

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

Accidentally struck by automobile while walking on highway

Date of onset Dec. 18 1935

Other contributory causes of importance: Fractured skull, crushed chest

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, accident, or homicide? accident Date of injury Dec 18, 1935
Where did injury occur? Brunswick Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public highway
Manner of injury Struck by auto
Nature of injury Fract. skull, Crushed chest

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify no

(Signed) R. D. Streetor, M. D.
(Address) Moberly Mo.

