APR 15 1936

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

Do not use this space.

1. PLACE OF DEATH
County Ardrain
Township Saltriver
City Mexico
Registration District No. 26
Primary Registration District No. 3002
File No. 9128
Registered No. 61
No. ..... St. ..... Ward)

2. FULL NAME Schuyler Jacob. Rezner.
(a) Residence, No. ..... St. ..... Ward. Wellsville Mo
(Usual place of abode) (If nonresident, give city or town and State)
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) Married.
5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Ruth R. Rezner.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 26-1869
7. AGE YEARS 67 MONTHS 1 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.
10. Date deceased last worked at this occupation (month and year) Dec 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wellsville Mo

FATHER
13. NAME Samuel S. Rezner.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Mary McCoy.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) Mrs. Ruth R. Rezner. Wellsville Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Wellsville Mo DATE Mar - 26 1936
19. UNDERTAKER (ADDRESS) F. W. Kuhne Wellsville Mo.
20. FILED 3/25/ 1936 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24 - 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb 11 - 1936, to March 24 - 1936
I last saw him alive on March, 19..... Death is said to have occurred on the date stated above, at 9:15 A m.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
Date of onset
5\
Other contributory causes of importance: operated 5 weeks before carcinoma of Prostate (Primary Prostate)
Name of operation Prostatectomy Date of Mar 2 1936
What test confirmed diagnosis? Lab Was there an autopsy?

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) Paul E Coy, M. D.
(Address) Mexico Mo

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.

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