

MAY 23 1936

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

Do not use this space.

20139

1. PLACE OF DEATH

County New Madrid
Township.....
City New Madrid (No.)

Registration District No. 604
Primary Registration District No. 4358

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 85

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

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) New Madrid
(STATE OR COUNTRY) Mo

13. NAME Hompton Renfro

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

15. MAIDEN NAME unk

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

17. INFORMANT Sally Renfro
(ADDRESS) New Madrid, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Madrid, Mo DATE May 12 1936

19. UNDERTAKER Richards & Co.
(ADDRESS) New Madrid, Mo

20. FILED 5/16 1936 H. O. Danner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1936

22. I HEREBY CERTIFY, That I attended deceased from May 6 1936 to May 10 1936
I last saw him alive on May 10 1936 Death is said to have occurred on the date stated above, at 5 m.

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

Acute - Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

Anterior dissection

Name of operation..... Date of.....

What test confirmed diagnosis? Spec 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) W. D. Miller, M. D.(Address) New Madrid, 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.

