

JUN 24 1936

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

Do not use this space.

20161

1. PLACE OF DEATH *New Madrid*  
 County *Boonville* Registration District No. *487*  
 Township *Portage* Primary Registration District No. *3806*  
 City *Portageville* No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *James Lewis Rensard*  
 (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 *white*  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Jessie Rensard*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *10 22 1878*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*57 6 23*  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*  
 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) (STATE OR COUNTRY) *Grand Chain Ill*  
 13. NAME *Elmer Rensard*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Helm Ark*  
 15. MAIDEN NAME *Marjann Jones*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill*  
 17. INFORMANT *James Rensard*  
 (ADDRESS) *Portageville Mo*  
 18. BURIAL, CREMATION, OR REBURY *See*  
 PLACE *McLean* DATE *May 16 1936*  
 19. UNDERTAKER *Portageville Mo*  
 (ADDRESS) *Portageville Mo*  
 20. FILED *May 16 1936* *May W. Crote*  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May, 15th, 38*  
 22. I HEREBY CERTIFY, That I attended deceased from *I saw him only 19 after death*, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at *8 A. m.*  
 The principal cause of death and related causes of importance were as follows:  
*A fall from a wagon broke his neck*  
 Date of onset *1862*  
 Other contributory causes of importance:  
*Severe head ache just before the fall seems to indicate a possible appoplexy*  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) *A. A. Reeder* M. D.  
 (Address) *Portageville Mo*



Handwritten text, possibly a date or reference number, oriented vertically.

Small handwritten mark or character.