

MAY 28 1936

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

Do not use this space.

20414

1. PLACE OF DEATH

County RandolphRegistration District No. 733

File No. _____

Township 6 LantierPrimary Registration District No. 3-972Registered No. 737

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME Louis Chester Rentchler

(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 Anna May Rentchler6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
37 6 11

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

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) Randolph Co13. NAME Chester L. Rentchler14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.15. MAIDEN NAME Laura Agnew16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.17. INFORMANT (ADDRESS) Mrs. H. J. Alexander18. BURIAL, CREATION, OR REMOVAL PLACE Salisbury DATE May 16, 193619. UNDERTAKER (ADDRESS) Tom B. Patton20. FILED June 10, 1936 Mrs. S. A. Bauhaunt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 193622. I HEREBY CERTIFY, That I attended deceased from bleed when called, 1936I last saw coroner call, 1936 Death is said

to have occurred on the date stated above, at _____ m.

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

Fractured bone of skull Date of onset _____
marked chest dist. etc.

Other contributory causes of importance _____

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? accident Date of injury 5-14, 1936Where did injury occur? 1 mile N. of Salisbury Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Working on road for contractorManner of injury Run over by truckNature of injury Fractures, Metast.24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

(Signed) J. Recorder (Coroner), M. D.(Address) Moberly 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.

