

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

Do not use this space. 7

22141-a

SEP 24 1938

1. PLACE OF DEATH
 County Bull Registration District No. 89
 Township Polk Bluff Primary Registration District No. 5131
 City Polk Bluff (No.) St. Ward

2. FULL NAME Joseph A Rerrick
 (a) Residence No. St. 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED-OR-DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>69</u>	<u>8</u>	<u>18</u>	

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

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 COUNTY) Franklin Co

MOTHER FATHER

13. NAME Joe Rerrick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W.Va

15. MAIDEN NAME Surian Elizabeth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W.Va

17. INFORMANT Mollie Rerrick (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Polk Cem DATE June 6 1938

19. UNDERTAKER J. C. O'Connell (ADDRESS)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-5 1938 to 6-6 1938
 I last saw him alive on 6-6-38 19 . Death is said to have occurred on the date stated above, at 12.15 p.m.
 The principal cause of death and related causes of importance were as follows:
Intestinal obstruction Date of onset

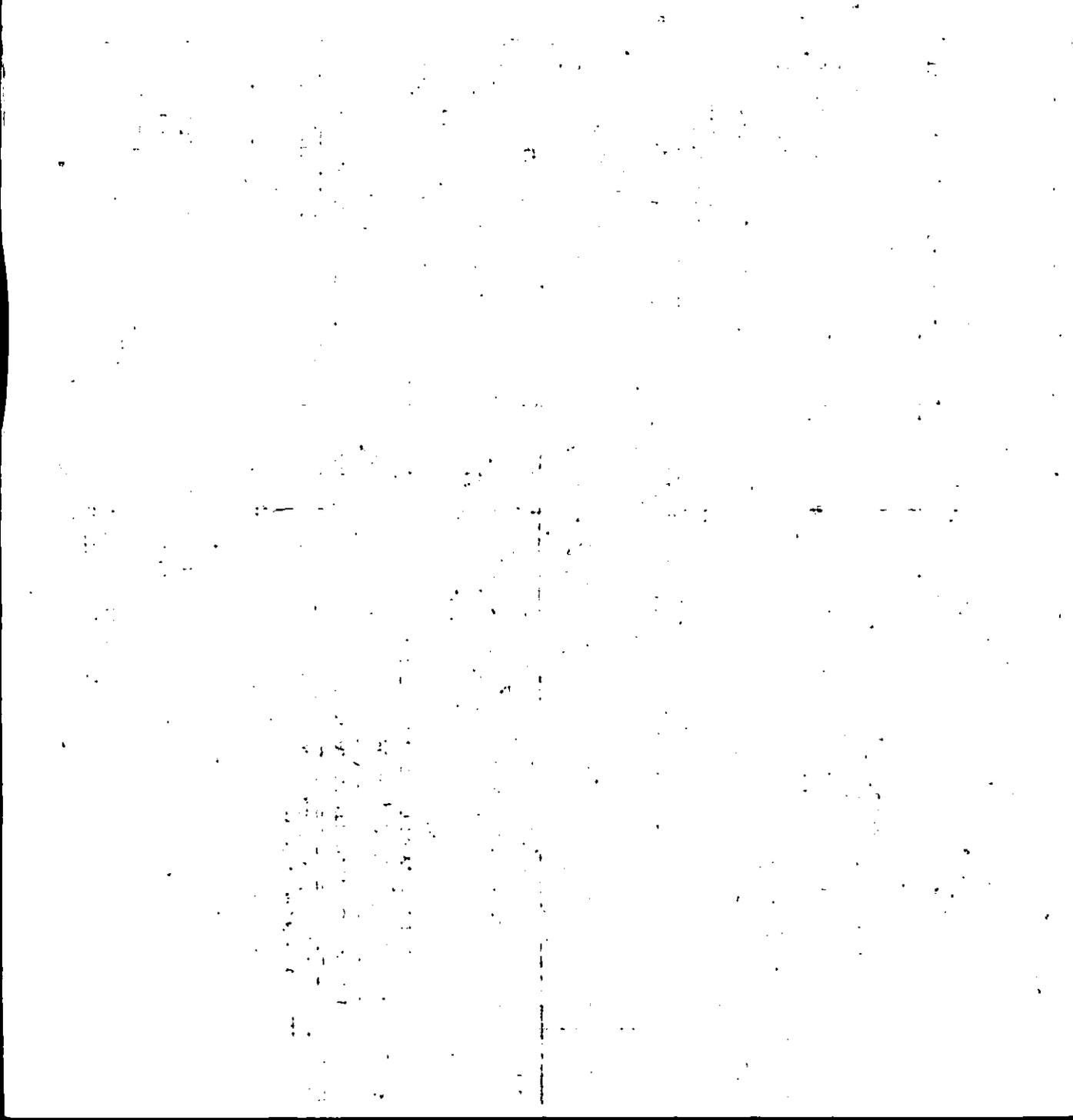
Other contributory causes of importance:
Peritonitis

Name of operation Jejunostomy Date of 6-5-38
 What test confirmed diagnosis Operat 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?
 If so, specify
 (Signed) J. M. Rerrick, M. D.
 (Address) Polk Bluff Mo



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1. PLACE OF DEATH

County Butler Registration District No. 89
Township Paplar Bluff Primary Registration District No. 3131
City (No.) State Ward

File No.
Registered No. 259

2. FULL NAME

Joseph A. Rennick

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 63 8 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Butler Mo

FATHER 13. NAME Joe R. Rennick

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

MOTHER 15. MAIDEN NAME Julian Elizabeth Hager

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

17. INFORMANT Mollie Rennick (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Paplar Cemetery DATE June 6 1936

19. UNDERTAKER (ADDRESS) C. Hoff

20. FILED 12/30 1936 Chutinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-23-36, 1936, to 6-6-36, 1936

Last seen alive on 6-6-36, 1936 Death is said to have occurred on the date stated above, at 135 E in

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

Intestinal obstruction (Date of onset)
Laparotomy performed for obstruction Cause of obstruction unknown
Other contributory causes of importance peritonitis

Name of operation Laparotomy Date 6-5-36

What test confirmed diagnosis? operation through 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?
If so, specify

(Signed) H. M. Hendrickson, M. D.
(Address) Paplar Bluff Mo

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