N.B.—Every [illegible] 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.

[illegible]NK—THIS IS A PERMANENT RECORD

JUL 18 1936

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

Do not use this space.

1. PLACE OF DEATH Cooper
County ~~Moniteau~~ Registration District No. 218 File No. 22396
Township ~~Saline~~ Primary Registration District No. 3015 Registered No. 67
City Boonville (No. St. Joseph Hospital St. Ward)

2. FULL NAME Andy David Renfrow
(a) Residence, No. Wooldridge Md. St., Ward. (If nonresident, give city or town and State)
(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.

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~~ Linnie Renfrow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 - 1853
7. AGE YEARS 81 MONTHS 4 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Missouri

FATHER
13. NAME James Renfrow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Lucy Wood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) R. F. Renfrow Wooldridge Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Copps Chappell DATE 6 - 8 1936
19. UNDERTAKER (ADDRESS) C. Albert Hornbeck Prairie Home Mo
20. FILED June 8 1936 D. E. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 6 - 3 1936 to 6 - 6 1936
I last saw him alive on 6 - 6 1936. Death is said to have occurred on the date stated above, at 11 45 p.m.
The principal cause of death and related causes of importance were as follows:
Auto accident Injury brain M 6/3/36 Date of onset

Other contributory causes of importance:

Name of operation None 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 6-3 1936
Where did injury occur? on road Overturn of auto (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Road Moniteau, Co.
Manner of injury Overturn of auto
Nature of injury Brain

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) A. L. Meredith, M. D.
(Address) Prairie Home Mo