

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.

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

Monroe

Do not use this space.

23841

JUL 25 1936

1. PLACE OF DEATH

County Pettis
Township
City Sedalia

Registration District No. 668
Primary Registration District No. 3232
(No. 1900 So., Summitt)

File No. 198 200
Registered No. 668
St. Ward)

2. FULL NAME

Minnettia Renfrow

(a) Residence, No. 1900 So. Summitt St., Ward.

(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 Female 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 James

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1868

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>67</u>	<u>9</u>	<u>16</u>	

OCCUPATION

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

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) Mo.

MOTHER FATHER 13. NAME John Berry

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

MOTHER 15. MAIDEN NAME DK

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

17. INFORMANT James Renfrow (ADDRESS) Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mem. Park DATE June 24, 1936

19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia Mo.

20. FILED June 26 1936 John Slope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22/36 19

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1936 to June 22 1936
I last saw h. or alive on June 22, 1936 Death is said to have occurred on the date stated above, at 11 a.m.

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

Cerebral Thrombosis

Other contributory causes of importance: Arterio Sclerosis

Name of operation no Date of
What test confirmed diagnosis? thromb 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? If so, specify
(Signed) Alfred E. Monroe, M. D.
(Address) 1111 1/2 St. Sedalia Mo.

Date of onset

