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

SEP 24 1936

Do not use this space.

31310

1. PLACE OF DEATH

County: Jasper — Registration District No.: 408

Township: — Primary Registration District No.: 3020

City: Carthage (No. 703 Limestone St. Ward)

File No.:

Registered No.:

2. FULL NAME: Caroline Renner

(a) Residence, No. 703 Limestone 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John C. Renner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 27, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	57	9	5	

OCCUPATION

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

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): Mt. Vernon Kentucky

FATHER

13. NAME: Wilson Searcy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentrucky

MOTHER

15. MAIDEN NAME: Nancy J. Payne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): John C. Renner 703 Limestone, Carthage

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Hill Cemetery DATE: Aug. 3, 1936

19. UNDERTAKER (ADDRESS): The Ulmer Funeral Home Carthage, Missouri

20. FILED: Aug 3, 1936 S. B. Shinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1936 to Aug 1, 1936. I last saw her alive on July 31, 1936. Death is said to have occurred on the date stated above, at 10:35 a.m. am

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

	Date of onset
Chr. Interstitial nephritis c hypertension	1932
Cerebral hemorrhage	July 29 1936

Other contributory causes of importance:

Name of operation: none Date of:

What test confirmed diagnosis? Gen phys. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) H. A. LeFore, M. D.

(Address) Carthage Mo