

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

Do not use this space.

APR 20 1937

1. PLACE OF DEATH

County Jasper Co. Mo.  
Township 1  
City Joplin Mo. 5 (No. 5)

Registration District No. 411  
Primary Registration District No. 2002

File No. 12258  
Registered No. 12258  
St. Freeman Hospital Ward

2. FULL NAME

John David Renty

(a) Residence, No. Wentworth, Mo. St. Wentworth, Mo. 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 <u>male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>baby</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-22-37</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>One</u>
		If LESS than 1 day, .....hrs. or .....min.

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) Freeman Hospital  
(STATE OR COUNTRY) Joplin Mo.

13. NAME John Renty

14. BIRTHPLACE (CITY OR TOWN) Chillicothe  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Helena August

16. BIRTHPLACE (CITY OR TOWN) Wentworth  
(STATE OR COUNTRY) Mo.

17. INFORMANT John Renty  
(ADDRESS) Wentworth Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Dry Valley Cem. DATE Mar. 26 1937

19. UNDERTAKER Walter Meyers  
(ADDRESS) Wentworth Mo.

20. FILED 3-25-37 Ed D. James  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-22-37, 1937, to 3-23, 1937

I last saw him alive on 22nd, 1937. Death is said to have occurred on the date stated above, at 11 m.

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

Inanition -  
Cardiac failure  
159  
Other contributory causes of importance: Premature birth

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 1937

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) Dr. D. S. James, M. D.  
(Address) Wentworth, Mo.

