NOV 17 1937

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

Do not use this space.

37735

File No. 21

Registered No.

1. PLACE OF DEATH

County: Greene

Township: 3rd Center,

City: ~~Bois Darc~~, (No. ....., ... St. ..... Ward)

Registration District No. 320

Primary Registration District No. 5443

2. FULL NAME Lenora E. Runyan,

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/25/1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	85---	I----	I	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of Farmer

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) Greene County, Ohio.

FATHER

13. NAME Harner,

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

MOTHER

15. MAIDEN NAME Wolfe

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

17. INFORMANT (ADDRESS) Miss Lena Runyan Ash Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ash Grove, Mo. DATE 10/28/37. 19..

19. UNDERTAKER (ADDRESS) A. Galbreith, Ash Grove, Mo.

20. FILED 10/27, 1937 Lucy E. Hazel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to Oct 26, 1937

I last saw h. alive on Oct 26, 1937. Death is said to have occurred on the date stated above, at 7-15 p m.

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

	Date of onset
Chronic Degenerative Myocarditis	
chronic nephritis	
(Cardio-Renal Syndrome)	

Other contributory causes of importance:

13

Name of operation none Date of .....

What test confirmed diagnosis? clinical 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? No

If so, specify .....

(Signed) Chas H McHaffie, M. D.

(Address) Ash Grove Mo

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.