

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

Do not use this space.

1. PLACE OF DEATH
 65 County Mercer Registration District No. 334 File No. 3439
 Townshp Washington Primary Registration District No. 3797 Registered No. 1
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Comfort Ann Renfro 516
 (a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15 1852		
7. AGE YEARS 85	MONTHS II	DAYS 7
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, hrs. or min.
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) Decator Co Iowa		
13. NAME Calvin Renfro		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
15. MAIDEN NAME Sally Stanley		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
17. INFORMANT Stellia Spencer (ADDRESS) Spickard Mo		
18. BURIAL, CREMATION, OR REMOVAL PLACE Wild Chapple DATE Jan 23 38		
19. UNDERTAKER Chas E Schooler (ADDRESS) Spickard Mo		
20. FILED Jan 24 1938 Mrs. Claud Thomas Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 22 1938**

22. I HEREBY CERTIFY, That I attended deceased from **4:45 pm Jan 28 1938** to **Jan 15 1938**
 I last saw him alive on **Jan 15 1938** Death is said to have occurred on the date stated above, at **4:45 pm**
 The principal cause of death and related causes of importance were as follows:
Metral suffocation
 Date of onset **Jan 28 1938**

Other contributory causes of importance:
None

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (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) **S. J. Spickard**
 (Address) **Spickard 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.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH