

REC'D MAR 11 1938

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

Do not use this space.

## 10 1. PLACE OF BIRTH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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 <i>male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Taney Vance Renie</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov 20th 1865</i>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<i>72</i>	<i>2</i>	<i>16</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Janitor</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>—</i>			
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) <i>Illinois</i>	
FATHER	13. NAME <i>Joseph Renie</i>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>France</i>
MOTHER	15. MAIDEN NAME <i>Agdia Griffith</i>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Illinois</i>
17. INFORMANT (ADDRESS) <i>Stat Renie Centralia mo</i>	
18. BURIAL, CREMATION, OR REMOVAL <i>Centralia Mo Cem</i> DATE <i>Feb 18 1938</i>	
19. UNDERTAKER (ADDRESS) <i>Centralia Mo</i>	
20. FILED <i>2/17</i> 1938 <i>J. P. Anderson</i> Registrar.	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<i>Feb 16th</i>	19 <i>38</i>
22. I HEREBY CERTIFY, That I attended deceased from <i>I found him</i> on <i>Feb 16th</i> , 19 <i>38</i> <i>I last saw him</i> <i>above date</i> , 19 <i>38</i> . Death is said to have occurred on the date stated above, at <i>11:45 P.M. (A.M.)</i> The principal cause of death and related causes of importance were as follows: <i>Angina Pectoris</i> <i>94 a</i> <i>7/16-38</i>		
Other contributory causes of importance: <i>none</i>		
Name of operation	<i>none</i>	Date of
What test confirmed diagnosis?	<i>none</i>	Was there an autopsy? <i>10</i>

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <input checked="" type="checkbox"/> Date of injury <i>—</i> , 19 <i>38</i> Where did injury occur? <i>—</i> (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? <input checked="" type="checkbox"/>		
If so, specify		
(Signed)	<i>J. T. Hickerson</i>	M. D.
(Address)	<i>Centralia mo</i>	

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

