

REC'D APR 9 1938

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

Do not use this space.

10096

1. PLACE OF DEATH

County Boone

Registration District No. 73

Township _____

Primary Registration District No. 3006

City Columbia

(No. 910 Walnut)

File No. _____

Registered No. 54

St. _____ Ward _____

2. FULL NAME

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

3. SEX

M.

4. COLOR OR RACE

W.

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)

Mar. 3, 1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

X

X

X

10 min.

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

None

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)

Columbia Mo.

13. NAME

Melvin Renfro

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

Winthrop, Ark.

15. MAIDEN NAME

Ann Stone

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

Lebanon, Mo.

17. INFORMANT (ADDRESS)

Melvin Renfro Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Columbia Cem. DATE 3-4-1938

19. UNDERTAKER (ADDRESS)

Family

20. FILED

3/4/1938 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from on 3-3-1938 to _____, 19____

I last saw her alive on 2-2-1938 Death is said

to have occurred on the date stated above, at 5:10 m.

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

Pneumonia 5 mo. Date of onset _____

Other contributory causes of importance: 159.

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 _____, 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) W. P. Nyeart M. D.

(Address) Columbia, 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.

