

REC'D MAY 16 1938

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14543

1. PLACE OF DEATH

County SumplinTownship BuffaloCity Registration District No. 283
5402Primary Registration District No. 283File No. Registered No.

2. FULL NAME

(a) Residence, No. Melvin Ladine Renfro St. Ward. 516
(Usual place of abode)Length of residence in city or town where death occurred 7 yrs. 2 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) Infant5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 19367. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 2 18

8. Trade, profession, or particular kind of work done, as splinner, 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) (STATE OR COUNTRY) Cardwell Mo13. NAME Willis Melvin Renfro14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Senath Mo15. MAIDEN NAME Nora Eva Wright16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT W M Renfro (ADDRESS) Cardwell18. BURIAL, CREMATION, OR REMOVAL PLACE Me New DATE April 25 3819. UNDERTAKER A J Emerson (ADDRESS) Paragould Ark20. FILED 5-10 1938 Registrar. 257

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 193822. I HEREBY CERTIFY, That I, attended deceased from April 21 1938 to April 24 1938I last saw him alive on April 24 1938 Death is saidto have occurred on the date stated above, at 7:30 P m.

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

Pneumococic Meningitis Date of onset April 21Other contributory causes of importance: DehydrationName of operation 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? noIf so, specify (Signed) Jerry French, M. D.(Address) Cardwell

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.

