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.

LEC'D MAY 17 1938

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

Do not use this space.

15074

1. PLACE OF DEATH
County Lafayette — Registration District No. 464 — File No. 19
Township Sni a Bar — Primary Registration District No. 5627 — Registered No. 26
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Dora Lee Renich 520
(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 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: W. T. Renich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 6 - 1863

7. AGE: YEARS 74 — MONTHS 5 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): 4-20-38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lafayette Co.

FATHER
13. NAME: E. Wagoner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Lucinda Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sni Mills Mo.

17. INFORMANT (ADDRESS): V. V. Renich Odessa Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: McHenry — DATE: April 25 1938

19. UNDERTAKER (ADDRESS): Bhinoe & Sons. Odessa Mo.

20. FILED: Apr 24 1938 Mrs E. M. Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1938, to April 22, 1938
I last saw her alive on April 22, 1938. Death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset
82 ot.
Other contributory causes of importance: Hypertension
Name 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? No
If so, specify .....
(Signed) R. Schooler, M. D.
(Address) Odessa Mo