

REC'D JUN 20 1938

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

Do not use this space.

18430

1. PLACE OF DEATH

County Iron

Township

City Pilot Knob

Registration District No. 392

Primary Registration District No. 4231

File No.

Registered No. 4

St.

Ward

2. FULL NAME Ralph Eugene Rencehausen

(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

male

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) Jan 18, 1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

0

4

1

OCCUPATION

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) Ironton Mo.

13. NAME Orville Rencehausen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Knob Mo.

15. MAIDEN NAME Evaline Alsey

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

17. INFORMANT Orville Rencehausen

(ADDRESS) Pilot Knob Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pilot Knob Mo. DATE May 20 19 38

19. UNDERTAKER Norman White & Son

(ADDRESS) Ironton Mo.

20. FILED May 25 19 38 L. J. Effinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1938

22. I HEREBY CERTIFY, That I attended deceased from May 16 1938, to May 19 1938

I last saw him alive on May 19 1938. Death is said to have occurred on the date stated above, at 11.30P m.

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

Bronchial Pneumonia

Date of onset

5/19/38

Other contributory causes of importance:

acute nasal pharyngitis
acute Bronchitis

5/12/38

5/16/38

Name of operation _____ Date of _____

What test confirmed diagnosis? none 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. E. Harland

M. D.

(Address) Ironton Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. CAUTION should be given to the spelling of names. Do not use this space.

