17= REC'D AUG 8 1938

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

Do not use this space.

24125

1. PLACE OF DEATH
County Jackson Registration District No. File No. 2630
Township Kaw Primary Registration District No. Registered No.
City Kansas City Mo (No. Trinity Luthern Hospital St. Ward)

2. FULL NAME Edward Allen Renken 525
(a) Residence, No. # 902 W. 77 Terrace 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) Baby
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Baby
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-13-1938
7. AGE 0 YEARS 0 MONTHS 0 DAYS 17 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
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) Kansas City Mo 0

FATHER
13. NAME Ernest E. Renken 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KC Mo 0

MOTHER
15. MAIDEN NAME Lotha E Wolford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KC Mo

17. INFORMANT (ADDRESS) Ernest E. Renken 902 W 77 Terrace
18. BURIAL, CREMATION, OR REMOVAL PLACE Tower Hill DATE 7/1/38 19
19. UNDERTAKER (ADDRESS) O.V. Moore F Home 3146 Main St.
20. FILED July 1, 1938 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30-, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1938, to June 30, 1938
I last saw h..... alive on 35, 19..... Death is said to have occurred on the date stated above, at 1 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Prematurity | 8 mo |

Other contributory causes of importance:
Enteritis

Name of operation None Date of —
What test confirmed diagnosis? Exam 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) Eugene H. Ferguson M.D.
(Address) 933 Pro. Bldg

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.

Dr E.H. Ferguson * Vi 1020
Professional Bldg

Trinity Hospital Va 8351