

DEC 7 1938

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

Do not use this space.

1. PLACE OF DEATH

County Greene
Township Bone
City (No. 10) St. _____ Ward _____

Registration District No. 314
Primary Registration District No. 5435

File No. 32247
Registered No. _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-27-38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, 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) Ark Grove Mo.

13. NAME Charley Eugene Renshaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walnut Grove Mo.

15. MAIDEN NAME Mildred Painter

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

17. INFORMANT (ADDRESS) C. E. Renshaw Ark Grove Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ark Grove Cemetery 9-28 1938

19. UNDERTAKER (ADDRESS) Primm Funeral Service Ark Grove Mo.

20. FILED Sept 27 1938 Med Leonard Jones Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to Sept 27 1938

I last saw h. _____ alive on Sept 27 19____. Death is said to have occurred on the date stated above, at 11:45 p.m.

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

Spina Rupture
Subperiosteal delirium
after coming back in time 15
over 24 hrs

Date of onset

Other contributory causes of importance:

Hip presentation

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? Yes

If so, specify _____

(Signed) J. J. Barber M. D.

(Address) Walnut Grove 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.

