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.

REC'D NOV 5 1938

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

2

Do not use this space.

1. PLACE OF DEATH
County Callaway 1
Township Fulton
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 104
Primary Registration District No. 5153

File No. 35291
Registered No. 263

2. FULL NAME 500 Paul Christian Renoe

(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: M
4. COLOR OR RACE: W
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) Oct 6, 1907

7. AGE: YEARS 31 | MONTHS 0 | DAYS 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) DK
11. Total time (years) spent in this occupation DK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Bloomfield Missouri

FATHER
13. NAME J. B. Renoe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Cora Bell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Pauline Renoe Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Guthrie, Mo. DATE Oct 31 1938

19. UNDERTAKER (ADDRESS) Leo G. Wallace Fulton, Mo.

20. FILED Oct 31, 1938 R. N. Crews. Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I ~~attended~~ viewed body of ~~deceased from~~ Oct. 30, 1938, to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at about 12:30 A m.

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

Suicide by Carbolic Acid poisoning. - Self inflicted

Date of onset

Other contributory causes of importance: 16

Name of operation ✓ Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide 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? .....
If so, specify .....

(Signed) D. W. Hohman, Coroner, ~~M. D.~~
(Address) Fulton, Mo

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