

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.

JUL 21 1933

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

Do not use this space.

19445

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield No Primary Registration District No. 2091
City Springfield Baptist Hospital

File No. _____
Registered No. 464
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 846 Arkansas Ave Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7 1880

7. AGE YEARS 83 MONTHS 2 DAYS 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

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) Unknown Indiana

13. NAME John Rensch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) Dr. Eugene P. ...

18. BURIAL, CREMATION, OR REMOVAL PLACE Roberts DATE June 14 1933

19. UNDERTAKER (ADDRESS) F. C. ...

20. FILED 6-14-1933 Ralph ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to June 12 1933
First saw him alive on June 12 1933 Death is said to have occurred on the date stated above, at 10:28 a.m.

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

Arterio Sclerosis gangrene left foot - Feb 3

Other contributory causes of importance: Myocardial failure

Name of operation amputation of leg date of June 9 1933
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? _____ If so, specify Samuel ...

(Signed) 214 N. Jefferson, M. D.
(Address) Springfield, Mo

DEC 4 1957

3001
818

20